UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION	No. 2:12-md-02323-AB MDL No. 2323
Kevin Turner and Shawn Wooden, *on behalf of themselves and others similarly situated,* Plaintiffs, v. National Football League and NFL Properties LLC, successor-in-interest to NFL Properties, Inc., Defendants.	CIVIL ACTION NO: 14-cv-0029 **Hon. Anita B. Brody**
THIS DOCUMENT RELATES TO: ALL ACTIONS	**DECLARATION OF KRISTINE YAFFE, M.D.**

I, KRISTINE YAFFE, M.D., hereby declare as follows:

1. If called as a witness, I could and would testify competently to the facts herein.

I. Qualifications

2. As discussed in more detail below, I am a Professor in the Departments of Psychiatry, Neurology and Epidemiology at the University of California San Francisco ("UCSF"). In addition to my teaching responsibilities, I also am a researcher, epidemiologist, and practicing neurologist who treats patients suffering from neurodegenerative diseases. My complete *curriculum vitae* is attached as Exhibit A, and I highlight here some of my qualifications, experience, and research relevant to the

opinions I express below. I submit this declaration in support of the NFL Parties' Memorandum of Law in Support of Final Approval of the Class Action Settlement Agreement and in Response to Objections.

3. I obtained a Bachelor of Science in Biology and Psychology from Yale University in 1985. I obtained a Doctor of Medicine from the University of Pennsylvania in 1989. I completed two residency trainings in Neurology and Psychiatry at UCSF in 1995. I completed fellowships in Clinical Epidemiology at UCSF in 1997 and Geriatric Psychiatry at San Francisco Veteran's Affairs Medical Center ("SF VA") in 1997. I am licensed by the National Board of Medical Examiners (California Medical License # G069893).

4. I have been on the faculty at UCSF since 1997. In addition to my responsibilities as a professor, as a clinical neurologist and geropsychiatrist, I regularly treat patients who are suffering from or dealing with Alzheimer's disease ("AD"), Parkinson's disease ("PD"), Amyotrophic Lateral Sclerosis ("ALS"), and dementia at the UCSF Medical Center. I have been treating patients with these conditions since I received my Doctor of Medicine in 1989. One of my areas of specialization and expertise includes the assessment, evaluation, and treatment of patients with neurodegenerative diseases.

5. As part of my research, I focus on predictors of cognitive decline and dementia in older adults, specifically identifying novel strategies to prevent cognitive decline. This research also includes a focus on the association between traumatic brain injury ("TBI") and dementia.

6. I also serve as (i) the director of the UCSF Dementia Epidemiology Research Group, which conducts research relating to cognitive function and dementia in aging populations throughout the United States; (ii) the Chief of Geriatric Psychiatry and Directory of the Memory Disorders Clinic at the SF VA; (iii) the principal investigator of the data core for the Alzheimer's Disease Research Center at

UCSF; (iv) the principal investigator for the San Francisco Veteran Affairs Mental Illness Research, Educational and Clinical Center (MIRECC) Fellowship, which trains fellows in neurology, psychiatry and geropsychiatry; (v) the Roy and Marie Scola Endowed Chair in Psychiatry; and (vi) the Vice Chair of clinical and translational research at UCSF.

7. I am the principal investigator of seven grants from the National Institutes of Health ("NIH"), including one investigating cognitive decline among patients with chronic renal insufficiency, one investigating how sleep dysfunction is associated with cognitive impairment, one investigating how depression in late life is associated with dementia and other outcomes, one focusing on trying to better characterize successful cognitive aging, and one investigating predictors and outcomes of cognitive trajectories in older patients. I am also the principal investigator of three grants focusing on TBI, funded primarily by the Department of Defense.

8. I have published extensively in the areas of cognitive decline and TBI, including publishing over 300 peer reviewed articles in journals such as the Journal of the American Medical Association, the British Medical Journal, the New England Journal of Medicine, and the Archives of General Psychiatry and Annals of Neurology.

9. In my role as a consulting expert for the NFL Parties in this litigation, I am being compensated for my time through UCSF at my standard hourly rate.

II. Assignment

10. I have reviewed the Settlement Agreement and Exhibits 1, 2, and 3 to the Settlement Agreement—the Injury Definitions, the Test Battery and Specific Impairment Criteria, and the Monetary Award Grid. I also have reviewed certain objections to the proposed Settlement relating to medical or scientific issues, including the supporting declarations of Dr. Robert Stern, Dr. Samuel Gandy, and Drs. Brent Masel and Gregory O'Shanick.

11. I have been asked to provide medical and scientific testimony regarding the challenges of proving a causal link between concussions or subconcussive hits, *i.e.*, mild repetitive traumatic brain injury, and cognitive or other impairments, both as a matter of general causation—whether mild repetitive traumatic brain injury causes cognitive or other impairment on a population level—and as a matter of specific causation—whether a specific individual player could establish that his specific cognitive or other impairment was caused by mild traumatic brain injury experienced during his career in the NFL. I also have been asked to provide medical and scientific testimony relating to certain objections, namely, (i) the objections regarding CTE; (ii) the objections regarding the offsets in the Agreement for stroke and TBI; and (iii) the objections that the Settlement does not compensate for Multiple Sclerosis. All of the opinions expressed herein are offered to a reasonable degree of medical certainty and are consistent with opinions that I would offer in my clinical practice.

III. Summary of Opinions

12. As discussed in detail below, I offer the following opinions:

13. First, the science regarding the association between TBI of all severities and the Qualifying Diagnoses in the Settlement Agreement other than "Death with CTE", *i.e.*, dementia, Alzheimer's disease, Parkinson's disease, and ALS, continues to evolve and improve. Based on the science as it stands today, there is an emerging consensus of an association between TBI of all severities, including mild repetitive TBI, and the Qualifying Diagnoses.

14. Second, the nature of the association between TBI of all severities, including mild repetitive TBI, and the Qualifying Diagnoses has not been determined to be a *causal* one.

15. Third, numerous other risk factors have been identified as increasing the risk of developing these same neurodegenerative syndromes, which are independent of TBIs. Such risk factors include, but are not limited to, age, education,

family history, cardiovascular disease, stroke, diabetes, high blood pressure, obesity, and sleep conditions. This means that, in addition to the possible role of mild TBI, there are numerous other risk factors that could be equally as associated with the Qualifying Diagnoses.

16. Fourth, in light of the uncertainty surrounding the causal relationship between mild repetitive TBI and the Qualifying Diagnoses, establishing to a reasonable degree of medical certainty that a mild TBI, or series of mild TBIs, from NFL play *caused* a developed condition would be exceedingly difficult in my opinion—both on a general population basis and even more so on a specific basis with respect to an individual player.

17. Fifth, this difficulty would be even more pronounced in seeking to establish to a reasonable degree of medical certainty that a mild TBI, or series of mild TBIs, from NFL play *caused* CTE. The science regarding CTE is still in its infancy and the causes of CTE are unknown.

18. Sixth, even if one assumes that there is a causal relationship between mild repetitive TBI and CTE, the Settlement, by compensating for dementia and other conditions that have been identified as comorbid, *i.e.*, co-occurring, with CTE, compensates most of the key alleged impairments associated with CTE.

19. Seventh, the stroke and TBI offsets in the Settlement are scientifically justified.

20. Eighth, there is no scientifically established association between Multiple Sclerosis and TBIs, let alone any evidence of causation.

21. Ninth, a doctor cannot—based solely on the patient's account of earlier symptoms—retrospectively diagnose with any certainty when exactly a patient's condition first manifested.

IV. Opinions

A. The Challenges of Proving Causation

22. I understand that if these cases moved forward through litigation, the plaintiffs would be required to prove that the head trauma that they experienced in the NFL caused their alleged injuries. As I explain in more detail below, it is my opinion that it would be exceedingly difficult for a retired player to establish as a matter of science and medicine that mild repetitive TBI *caused* his cognitive or other impairment. I describe below some of the challenges that plaintiffs would face in establishing a causal association between mild repetitive TBI and the various qualifying diagnoses agreed to in the Settlement. In order to do so, I first provide background on epidemiology generally. I then describe the state of science with respect to TBI and the scientific community's current understanding of the association between mild repetitive TBI and the various Qualifying Diagnoses. More specifically, I explain that based on the current state of the science, the medical and scientific communities have not yet determined that mild repetitive TBI causes any of the Qualifying Diagnoses. Finally, I address the fact that many other risk factors, independent of TBI, are risk factors for the Qualifying Diagnoses. In fact, it is scientifically established that age is the most significant risk factor for these Qualifying Diagnoses, which are all age-related conditions.

i. Understanding the Difference Between Association and Cause

23. Epidemiology is the study of the distribution and determinants of health-related states or events, including disease, and the application of this study to the control of diseases and other health problems. *See* World Health Organization, http://www.who.int/topics/epidemiology/en/ (last visited October 30, 2014).

24. One aspect of epidemiology involves researching and attempting to understand the association between an event or agent and a disease. An agent or event that makes it more likely on a population basis that people will develop a disease or

condition is considered a risk factor. Some risk factors have a causal association with a disease. For example, it is now well-accepted that humanpappimolavirus (HPV), which is a risk factor for developing cervical cancer, in fact, causes cervical cancer on a population basis. Other events or agents may only be risk factors for a disease, and may not have a causal association. For example, physical inactivity is a risk factor for cardiovascular disease, but physical inactivity does not directly cause cardiovascular disease from a scientific standpoint.

25. Using the examples above, the scientific community sufficiently understands the association between HPV and cervical cancer to conclude that HPV is a cause of cervical cancer. In other words, if a woman has cervical cancer it is exceedingly likely that she also has or had HPV. On the other hand, physical inactivity is not considered to be a cause of cardiovascular disease. If an individual develops cardiovascular disease, it may have had little or nothing to do with that individual's physical inactivity. More likely, the physical inactivity is also linked to other risk factors such as higher weight, high blood pressure, dyslipidemia, smoking and poor health that in turn are more directly connected to cardiovascular disease. Nonetheless, physical inactivity is a risk factor for developing cardiovascular disease because it increases the likelihood on a population basis that people will develop cardiovascular disease.

26. In both circumstances, the event or agent increases the likelihood that the patient has developed or will develop the disease. That likelihood, or association, is described as relative risk ("RR"). RRs are assessed on a population basis. A RR explains the increased (or decreased) probability that a member of an exposed group will develop a disease relative to the probability that a member of an unexposed group will develop the same disease.

27. A RR of 1.0 means that the agent has no effect. In other words, if the RR is 1.0 it means that the unexposed group has the exact same probability of developing the relevant condition as the exposed group. A RR of 2.0 indicates that the

risk is doubled for the exposed group. The stronger the association, the more likely it is that a causal component exists. A RR of 5.0 is more likely to be a causal association than a RR of 2.0. In any study, the statistical significance of the association, which is measured through confidence intervals, is also a key consideration. Epidemiologists require a 95 percent confidence interval or "p value" in order to accept that the association is likely to be real and less likely to be based on chance.

28. The RR is far from the only factor that determines or helps assess whether the association is a causal one. Before the scientific community will accept that an event or agent is a cause of a disease, a number of additional factors must be satisfied. All of these factors also must be judged in light of the quality and quantity of studies examining the association between the agent or event and the disease. The well-accepted factors that must be considered before a causal association can be established include: strength of association, consistency, specificity, temporality, biological gradient, biological plausibility, experimental evidence and analogy. I will discuss each in turn.

29. "Coherence" or "consistency" examines whether external trends over time are consistent with the predicted association. For example, for cigarette smoking, a marked increase in lung cancer death rates followed the increase in sales of cigarettes. Had the increase in lung cancer deaths followed a decrease in cigarette sales, the inconsistency would have to be explained.

30. "Specificity" refers to the idea that the factor must influence specifically a particular outcome or population.

31. "Temporality" refers to the fact that a factor must precede an outcome that it is supposed to affect.

32. "Biological gradient" refers to the notion that an outcome increases monotonically with increasing the dose of exposure or according to a function predicted by a substantive theory.

33. "Biological plausibility" refers to whether the observed association is biologically possible given studies surrounding the specified agent and the studied disease.

34. "Experimental evidence" refers to the notion that causation is more likely if evidence is based on randomized experiments.

35. "Analogy" focuses on whether other similar agents (for instance a drug in the same class as the agent being examined) could equally induce the disease (i.e. whether an effect has already been shown for analogous exposures and outcomes).

36. It is only after these factors are thoroughly tested through prospective, controlled studies that it may be possible to conclude, as a matter of science and medicine, that an event or agent is actually a *cause* of a disease, rather than simply a risk factor for that disease. *See* Gulf War and Health: *Long-Term Consequences of Traumatic Brain Injury*, Vol. 7, 106 (2008) ("Gulf War and Health").

37. When such criteria have not been established or studied, the scientific community will not be able to determine that the agent is the cause of the disease. Rather, it is only possible to say that the agent or event has an *association* with the disease. For example, carrying matches has a RR of developing lung cancer of at least 1.7. In other words, individuals who carry matches are 70% more likely to develop lung cancer than individuals who do not carry matches. Logically, in that instance, we do not need to do additional tests to understand that carrying matches is not a cause of lung cancer, but is merely associated with another cause of lung cancer, smoking. In other, less obvious cases, the exact nature of the association may be less apparent.

38. Understanding the importance of testing for these various factors, through prospective, controlled studies, helps put into perspective the state of science regarding mild repetitive TBI and its association with both the Qualifying Diagnoses and CTE. In the case of TBI of all severities, while the emerging science believes that TBI

of all severities is a risk factor for developing the Qualifying Diagnoses, it is less clear whether the risk factor has a causal association with any of the Qualifying Diagnoses.

ii. The Association Between TBI and the Qualifying Diagnoses

39. I will now provide my opinions as to the state of the science regarding TBI and the Qualifying Diagnoses. The specific issue I address is whether, as a matter of science and medicine, mild repetitive TBI has a causal association with the Qualifying Diagnoses in the Settlement. It is my belief—and no scientific study says or demonstrates otherwise—that based on the current state of the science, the association between mild repetitive TBI and the qualifying diagnoses is not clear. And even if mild repetitive TBI emerges as a *risk factor* for developing the Qualifying Diagnoses, it is unclear whether this association is a causal one. Because of this, it is also my opinion that, given the state of the science, plaintiffs in this litigation would have an exceedingly difficult time establishing from a scientific standpoint that the mild repetitive TBI, *i.e.*, concussions or subconcussive hits, experienced during their NFL careers *caused* any of the Qualifying Diagnoses on a population basis (general causation) or in any individual instance (specific causation).

40. In order to put my opinions in perspective, it is first important to understand the nature of scientific knowledge and study in this area and the limitations of the studies that have been conducted.

41. The first limitation involves the severity of TBI that traditionally has been studied. In general, the scientific community categorizes TBI into three categories: severe, moderate, and mild. More recently, the scientific community has sought to establish a more detailed definition of TBI.[1] But while a uniform definition is

[1] In the past, the Glasgow Coma Scale was the most used tool to assess the severity of a TBI. Under the Glasgow Coma Scale, patients were evaluated regarding eye response, verbal response, and motor response following the TBI. The cumulative score in these areas led to the classification of the TBI. More recently, the scientific community has sought to establish a more detailed definition of TBI. Thus, the

being established, different criteria have been used to assess severity across these studies, and often TBI in studies was measured solely through the subject's own self-reporting, resulting in data of uncertain reliability. This means that when a study finds that a TBI is a risk factor for or associated with a certain condition, it is often unclear whether the study means severe TBI, moderate TBI, mild TBI, or repetitive TBI—or any mix of these combinations. Because different levels of severity in a TBI have been shown to change the resulting effects, the studies must be reviewed carefully to understand what severity of TBI was being studied. This makes reaching scientific conclusions in this area even more difficult.

42. Moderate and severe TBI have been studied significantly more than mild TBI. Based on the science to date, including my own, it is my opinion that (i) moderate and severe TBI have a strong association with late-life dementia and the other Qualifying Diagnoses, (ii) mild repetitive TBI may have an association with late-life dementia and the other qualifying conditions, but at a later age than moderate or severe TBI, and (iii) *none* of these associations have yet to be established as causal ones.

43. Moreover, the studies that have occurred have not established a scientific consensus in this area. While the majority of studies suggest the associations I describe above, the overall results are mixed. For instance, while many studies have found that moderate to severe TBI have an association with the Qualifying Diagnoses under the Settlement Agreement with a RR of between 1.5 and 2.0, some studies have *not* found an association between TBI of any severity and the qualifying conditions. *See, e.g.*, K.M. Mehta, *Head Trauma and Risk of Dementia and Alzheimer's Disease*, 53 Neurology 1959, 1959-62 (1999). Other studies have found that TBI is a risk factor for dementia, but *only* when the severity of the head injury is above a certain threshold

---

scientific community currently accounts for loss of consciousness and post-traumatic amnesia, in addition to the Glasgow Coma Scale, in assessing severity of TBI.

(moderate or severe, but not mild). *See* Kevin Guskiewicz, et al., *Association between Recurrent Concussion and Late-Life Cognitive Impairment in Retired Professional Football Players*, Vol 57 JNS 718, 720 (October 2005) ("Guskiewicz Study"); *see also* B.L. Plassman, et al., *Documented Head Injury in Early Adulthood and Risk of Alzheimer's Disease and other Dementias*, 55 JNS 1158, 1158 (2000) ("Plassman Study") (finding that "the association between antecedent head injury and AD is inconsistent.").

44. My own study, published in October 27, 2014, along with my colleagues, reflected the evolving nature of the field and concluded in part that "mild TBI[2] sustained at 65 years or older or moderate to severe TBI sustained at 55 years or older may significantly increase the risk of developing dementia. . . . The effect of mild TBI sustained in middle age or earlier deserves further study during a longer period of follow-up." *See* R. Gardner, et al. *Dementia Risk After Traumatic Brain Injury vs Nonbrain Trauma*, JAMA Neurology (October 2014) ("Gardner Study").

45. With respect to mild repetitive TBI specifically, which I understand to be the focus of causation issues in this litigation, the studies in this area have been more recent and are still evolving. These studies also have some additional limitations, including lack of a representative sample, selection bias, lack of control for potential confounding factors, self-reports of exposure and health outcomes, and outcome misclassification. *See* Gulf War and Health at 113; *see also* Guskiewicz Study.

---

[2] In this study, we used the definition of mild TBI set forth in the National Center for Injury Prevention's report to Congress on mild TBI. *See Steps to Prevent a Serious Public Health Problem*, Report to Congress on Mild Traumatic Brain Injury in the United States (Sept. 2003), *available at* http://www.cdc.gov/ncipc/pub-res/mtbi/mtbireport.pdf (defining mild TBI as "[a]ny period of observed or self-reported: transient confusion, disorientation, or impaired consciousness; dysfunction of memory around the time of injury; or loss of consciousness lasting less than 30 minutes." *Id.* at 2.

46. Some studies, such as the Guskiewicz Study, openly acknowledge the limitations of the current scientific data regarding the association between mild repetitive TBI and the qualifying conditions, and suggest that though a history of recurrent concussions *may* be a risk factor for mild to severe cognitive impairment, future prospective studies implementing genetic testing and more rigorous established diagnostic criterion are necessary to clarify the causal effects of TBI, and separate its influence from other confounding factors. *Id.* at 723; *see also* Plassman Study at 1158 (finding that moderate and severe head injuries in young men may be associated with increased risk of AD and other dementias in late life, however the possibility that other unmeasured factors were influencing the association was not (and could not be) excluded). These studies reinforce the importance of evaluating all the specified criteria discussed above regarding causation; because mild repetitive TBI's association to the Qualifying Diagnoses has not been thoroughly tested, no assumptions as to whether the association is causal can be made.

47. In sum, the science regarding the association between TBI of all severities and the Qualifying Diagnoses continues to evolve and improve. This is a critical area of continued research. However, based on the science as it stands today, it is my opinion that while there is some association between mild repetitive TBI and the Qualifying Diagnoses, the scientific community is unable to draw a causal link between mild repetitive TBI and the qualifying diagnoses. *See* Gulf War and Health at 114.

48. While my discussion thus far has focused on the association between TBI and the qualifying conditions, it also important to note that numerous other risk factors have been identified as increasing the risk of developing these same neurodegenerative syndromes, independent of TBIs. This means that there are numerous other risk factors that could be equally as likely to have caused the qualifying diagnoses. Such risk factors include, but are not limited to, age, education, family history,

cardiovascular disease, stroke, diabetes, high blood pressure, obesity, and sleep conditions.

49. Moreover, these factors often appear in aggregate and can co-occur. In other words, in many cases, the risk factors individually may not be a high risk factor for developing a certain condition, but when aggregated together could have a high risk factor for that condition. This makes the ability to prove, as a matter of science, that a single event was a cause or a contributing cause of a condition all the more difficult.

50. The difficulty of scientific proof is exponentially increased with age-related diseases, such as all of the Qualifying Diagnoses in the Settlement: Alzheimer's, Parkinson's, ALS, and other forms of dementia, *e.g.*, frontotemporal dementia. It is scientifically established that age is the most significant risk factor for these Qualifying Diagnoses. As such, as subjects increase in age, it is even harder to determine whether the cause of the Qualifying Diagnosis was the mild repetitive TBI, age, or any other risk factor other than TBI (assuming that mild repetitive TBI is even a risk factor), or some combination. What can be said with assurance is that, statistically, it is *more likely* that age was the main risk factor than any of the other identified risk factors, including mild repetitive TBI.

51. The complexities discussed herein are articulated not to complicate the issue, but rather to explain the numerous challenges to establishing that, even on a broad population level, single or repetitive or mild TBIs resulting from NFL football are the cause of—or even one cause of—an individual's development of a neurodegenerative disease. We currently know that moderate to severe TBI in some way increases an individual's risk of developing certain neurodegenerative diseases. And with respect to mild repetitive TBI, we know even less: it likely increases an individual's risk of developing certain late-life neurodegenerative diseases, but we as a scientific community simply cannot say that mild repetitive TBI *causes* any developed syndrome. As with the matches and lung cancer example, the increased risk that we currently see in these studies

might be established due to any number of associated factors (*e.g.*, individuals who experience mild repetitive TBI might have a predisposition—genetic or otherwise—towards aggressive behavior or risk taking, which itself may actually be a risk factor for or a cause of developing a neurodegenerative disease, just as smoking, not carrying matches, is the actual cause of developing lung cancer).

52. On an individual level, establishing causation between mild repetitive TBI and neurodegenerative syndromes is even more difficult. This is logical. Just as on a broad population level it is very difficult and not yet scientifically possible to separate out whether TBI is a cause—or even one cause—of the identified neurodegenerative diseases, on an individual level, even more factors come into play. Each individual player's medical and social history would need to be understood in full detail, but one can imagine many players having many of the significant risk factors for developing a certain condition aside from the prior TBI exposure in NFL football (again, even assuming mild repetitive TBI is a risk factor for the qualifying conditions). Those more significant or similar magnitude risk factors might include age, a specific genetic profile or gene, obesity, cardiovascular disease, depression, post-traumatic stress disorder, or substance abuse. The qualifying conditions have been studied for many years, across many patients, and the etiologies are complex and still not completely understood. There is no simple answer in any individual case.

53. In light of the uncertainty surrounding the causal relationship between mild repetitive TBI and the Qualifying Diagnoses, it is my belief that establishing to a reasonable degree of medical certainty that a mild TBI, or series of mild TBIs, from NFL play *caused* a developed condition would be exceedingly difficult—both on a general population basis and even more so on a specific basis with respect to an individual player.

iii. The Association Between TBI and Chronic Traumatic Encephalopathy

54. I have reviewed the objections regarding CTE, including the medical declarations in support of those objections. I understand that certain objectors criticize the fact that CTE allegedly is not compensated under the settlement after July 7, 2014. I will now describe some of the challenges retired players would have in establishing that mild repetitive TBI causes CTE, which also overlap with the challenges described above in establishing such an association with respect to the Qualifying Diagnoses more generally. In my professional opinion, the objections do not account for the early state of science regarding CTE, which would make it even more difficult to establish causation between mild repetitive TBI and CTE.

55. Currently, the diagnosis of CTE is based solely on a neuropathological diagnosis that, as of today, can only be made post-mortem. This simply means that a neuropathologist must physically look at an individual's brain post-mortem, determine if something called the "tau protein" is present and in a particular pattern, and then diagnose the deceased individual with CTE.

56. Moreover, the science surrounding CTE is in its infancy. The science that does exist is recent, preliminary, and evolving. In my experience, many neurologists are not even aware of CTE. And there is much to be learned.

57. In fact, two highly respected, non-biased institutes—the National Institutes of Health and the Institute of Medicine—have issued recent consensus statements identifying important gaps in the medical and scientific communities' understanding of CTE and have identified important questions regarding CTE that need to be answered. In doing so, these leading institutions have explained the need for additional—and more comprehensive and controlled—clinical testing and research into CTE before we as a scientific community can make any assumptions about the causality of CTE, or establish its symptomatic profile. *See Sports Related Concussions in Youth:*

Improving the Science, Changing the Culture, Institute of Medicine, (Oct. 30, 2013), *available at http://www.iom.edu/Reports/2013/Sports-Related-Concussions-in-Youth-Improving-the-Science-Changing-the-Culture/Report Brief103013.aspx* ("[I]t remains unclear whether repetitive head impacts and multiple concussions sustained in youth lead to long-term neurodegenerative diseases, such as chronic traumatic encephalopathy."); *Report on the Neuropathology of Chronic Traumatic Encephalopathy Workshop*, National Institutes of Health, (Dec. 5-6, 2012), *available at* http://www.ninds.nih.gov/news_and_events/proceedings/201212_CTE_workshop_report.htm (listing various outstanding questions regarding CTE).

58. I agree with the opinions expressed by these well-respected institutes. More CTE-related research, especially, as described in detail below, research of higher significance on the epidemiological pyramid, is required to advance the scientific community's understanding of CTE. I will now address the nature of the current studies on CTE, and what are, in my opinion, the severe limitations of these studies.

59. In evaluating the state of the science regarding any condition or diseases, clinicians must assess the kinds and number of studies on the topic. There are many different kinds of studies. Some are more reliable, useful, and persuasive than others. The order of such studies (from most reliable, useful, and persuasive to least) is what is known as the "pyramid of studies" or the "quality of evidence" in epidemiology.

60. The top of the pyramid, *i.e.*, the most reliable, useful, and persuasive type of study, is a double-blind, randomized control trial. Such studies are considered the "gold standard" of epidemiological studies to establish causation. In a double-blind, randomized control trial, two groups of individuals are studied prospectively over long periods of time: one group is randomly assigned to the agent or event at issue, the other is not. The researchers are blinded to which individuals are

exposed. These studies are the gold standard because they provide the best controls and limit many potential biases.

61. A second level of study is a prospective study, which does not have blinding or randomization, but assesses patients at their baseline and then follows and continues to assess them over a long period of time on a prospective basis. These studies also are highly reliable, useful, and persuasive.

62. A third level of study is a cross-sectional study, which looks at different groups of individuals that may or may not have the studied disease at one point in time. These kinds of studies can help separate out what other factors might influence the disease aside from the studied agent, but are not as methodologically strong.

63. A fourth level of study is a case control study, which takes two groups, one with the disease and one without, and attempts to establish the differences in exposures between the groups. In such studies, it can be difficult to determine the extent of exposure because the study often relies on retrospective recollections.

64. Finally, the least reliable, useful, and persuasive type of study is a case report or case series. Such studies are still important to help further the scientific community's understanding of a particular issue, but, like case control studies, case reports are used to help determine hypotheses that must be tested further, rather than to answer scientific uncertainties. Case reports or case series look retrospectively at exposure and outcomes and do not have control groups.

65. With that background, I will now turn to the state of scientific research regarding CTE to explain how difficult it would be for retired players to prove that mild repetitive TBI in the NFL causes CTE, both on a population level and with respect to a specific individual player.

66. There are no published double-blind randomized control trials, prospective studies, cross-sectional studies, or even case control studies regarding CTE. At this juncture, the only available studies are case reports, which, while valuable to the

development of science, make it very difficult to understand a condition or disease in full. And there are only a limited number of these studies to date. Because of the limited research available on CTE, and the lack of long-term, prospective studies, very little is known about CTE. The scientific community does not completely understand the cause or causes of CTE. Nor does the scientific community understand the diagnostic and clinical profile of CTE.

67. Because the scientific community is in agreement that CTE is not yet understood, it logically follows that any causal assumptions made as to concussive or sub-concussive brain impacts relating to CTE are also premature. The same is true of the diagnostic profile of CTE. Any assumptions regarding the symptoms that constitute the diagnostic profile of CTE are yet to be determined.

68. It is helpful to compare our understanding of CTE to our understanding of Alzheimer's disease. Alzheimer's disease has been studied in *millions* of individuals, over *thousands* of clinical trials over the past fifty years. And many of these studies have been long-term, prospective and highly controlled. As for CTE, less than *200* brains diagnosed with CTE have been examined, and there have been no long-term, prospective, *or* highly-controlled studies. The limited studies that have taken place have been retrospective, and, therefore, have many limitations, including, but not limited to, limited sample size, referral bias in the participating sample, lack of proper controls, and information bias.

69. Dr. Robert Stern is the primary expert who filed a declaration in support of the objections. I have reviewed that declaration in which Dr. Stern describes the alleged clinical and diagnostic profile of CTE. Dr. Stern's research, which is conducted with other doctors at Boston University, including Dr. Ann McKee, constitutes important research in the field of CTE at this time. However, Dr. Stern's primary study regarding CTE, s*ee* Ann McKee, Robert Stern, et al., *The spectrum of disease in chronic*

traumatic encephalopathy, 136 Brain 43 (2013) ("McKee Study"), is a case report and therefore suffers from all of the limitations of these kinds of studies described above.

70. In the McKee Study, the authors began by reviewing the pathology of 85 brains. The 85 brains included former athletes, military veterans, and civilians with a history of repetitive mild TBI. *See* McKee Study at 55. The authors then gathered information about half of the subjects' lives through retrospective interviews of the subjects' next of kin. Approximately half of the subjects were eliminated from this key portion of the study for various reasons, possibly including the authors' inability to contact the next of kin. A medical record review of each of the 45 subjects was also conducted. *Id.* In the study, the authors concluded that CTE is a progressive disease in four stages—CTE I through IV—and attempted to ascribe symptoms to each stage based on the retrospective calls to family members of the decedents. *Id.* at 55-63. Generally, the authors concluded that mood and behavioral symptoms, in addition to some cognitive impairment, are associated with CTE I and II, and that individuals with CTE III and CTE IV progress to dementia. *Id.* The authors also found that many of the subjects in the study had CTE and co-morbid, *i.e.*, co-occurring disease, which included Alzheimer's, Parkinson's, ALS, and frontotemporal dementia. *Id.* at 59.

71. Studies such as this one should be lauded and praised for pioneering the science of CTE. However, as discussed in detail, case reports are inherently limited because of their intrinsic biases and lack of controls. The McKee Study contains many such potential biases. First, the sample involved in the McKee Study was self-selected: the subjects donated their brains to Boston University likely *because* they suspected they were suffering from CTE. And family members agreed to allow for a pathological review of the subjects' brains likely for the same reason. This is known as referral bias. Second, the study lacked proper control subjects to compare against the participating subjects. Third, retrospectively interviewing family members who suspected their deceased relatives had CTE and who were being asked to recall

alleged symptoms that occurred months or years before the interviews—without any medical training in assessing symptoms—is filled with limitations. This is known as information or recall bias.

72. A second study conducted by Dr. Stern suffers from the same limitations. In that study, Dr. Stern and his colleagues used the same methodology as the McKee Study to assess the clinical symptoms allegedly associated with individuals diagnosed post-mortem with CTE. Robert Stern, et al., *Clinical presentation of chronic traumatic encephalopathy*, 81 Neurology 1122 (2013) ("Stern Study"). In fact, the Stern Study largely relied on the same subjects as the McKee Study for the diagnosis of CTE. Of the subjects whose family members were contacted in phone calls—36 in total—28 were included in the McKee Study, and 8 were new. *Id.* In addition, a number of potential subjects were excluded from the group of overall subjects whose brains were examined, including individuals with the presence of comorbid disease. Dr. Stern and his colleagues conclude in the study that "there may be 2 different clinical presentations of CTE, with one initially exhibiting behavioral or mood changes, and the other initially exhibiting cognitive impairment." *Id.* at 1124. Out of the 33 symptomatic patients (3 were asymptomatic, including 2 former professional football players) whose symptoms were collected through the retrospective calls, almost 85% experienced memory impairment, almost 79% experienced executive dysfunction, almost 73% experienced attention and concentration difficulties, almost 58% experienced language impairment, and 54.5% experienced visuospatial difficulties. *Id.* at 1126-27.

73. As with the previous study, this study is a case series and as such has intrinsic limitations. Dr. Stern and his colleagues warn about some of these limitations of their study: "Although these findings are based on the largest cohort of subjects with neuropathologically confirmed CTE without comorbidities studied to date, interpretation and generalizability of these results are limited by several factors." *Id.* at 1127. Those factors include: the overall sample size being small, which the authors note

means that "caution should be taken when generalizing these results to the larger population of athletes or to the overall clinical presentation of CTE", inherent selection bias given the self-selection of participants who donated their brains, the further reduction of the sample by eliminating individuals with comorbid pathology, the "potential for reduced reliability and validity of retrospective reports from family members after the death of a loved one," and the lack of a comparison group of former athletes without CTE. *Id.* Dr. Stern and his colleagues also concluded that "[f]uture research is needed to clarify the clinical presentation of CTE." *Id.*

74. Given the types of limitations described by Dr. Stern in the Stern Study, the scientific community has used case report studies—such as the McKee Study and the Stern Study—only to consider hypotheses to be further tested, and not to draw any conclusions as to causality or diagnostic profiles. Just as with the concern of incorrectly attributing the association between matches and lung cancer to causality, the symptoms reported by family members as prevalent in the football players could arise from other conditions, entirely unrelated to CTE. Until further prospective studies examine these associations more closely, in my opinion, it appears that the scientific community agrees that it is premature to accept the McKee Study's conclusions relating to CTE as anything more than hypotheses. *See, e.g.*, Robert Stern, Ann McKee, et al., *Chronic Traumatic Encephalopathy: Where are We and Where are We Going?*, 13 Curr. Neurol. Neurosci. Rep. 407 (2013) ("CTE research is just beginning," and requires more prospective, longitudinal epidemiological studies to "better understand CTE."); Christine Baugh, et. al, *Chronic Traumatic Encephalopathy: Neurodegeneration Following Repetitive Concussive and Subconcussive Brain Trauma*, 6 Brain Imaging & Behavior 244 (2012) ("Research related to CTE is in its infancy. Although the neuropathology of CTE has been elucidated in recent years, important areas of research remain, including investigations of CTE's epidemiology, specific risk factors (in addition to repetitive brain

trauma exposure), underlying disease mechanism, and the ability to diagnose CTE during life.").

75. Despite these known limitations, many Objectors focus on the fact that the Settlement does not compensate mood and behavioral symptoms, standing alone. On this point, Dr. Stern opines in his declaration that it is scientifically established that CTE causes certain mood and behavioral symptoms. As discussed, it is not yet possible to state with any certainty whether CTE causes any mood or behavioral symptoms. In addition, there is the added concern that these neuropsychiatric symptoms are quite common in the general population. Mood and behavioral symptoms have multifactorial—not unitary—causation. This means that it is an accepted fact that mood and behavioral symptoms generally are not caused by one condition alone, but rather are manifested as the result of many risk factors and etiologies aggregated together. For NFL players in particular, a typical retired NFL player might have one of these many risk factors for depression or mood and behavioral issues, such as sleep apnea, family history, higher BMI, drug abuse, or exposure to severe lifestyle changes. All of these factors could be the cause of the symptoms identified by the subjects' family members, and all of these factors could be entirely unrelated to CTE. Put simply, because mood and behavioral symptoms, such as depression, have many risk factors, these symptoms could be completely unrelated to CTE.

76. Relatedly, I have reviewed objections that claim that CTE causes suicidal tendencies. This same reasoning concerning mood and behavioral symptoms also applies to suicidal tendencies. As an initial matter, there are no scientifically established studies that I am aware of that show a relationship between suicide and contact sports. But even if such a study did exist, the causes of suicide are as complex, multifactorial, and difficult to predict in individual instances as mood and behavioral symptoms are more generally. Just as we cannot yet know whether mood and behavioral

symptoms are caused by CTE, there is no scientific research that I am aware of confirming that there is *any* correlation between suicidal tendencies and CTE.

77. Dr. Stern and Dr. Gandy also suggest that their teams and others in the field will develop highly accurate and clinically accepted—even FDA approved—methods to diagnose CTE in a living individual in the next five to ten years. Objectors use this point to argue that CTE should be compensated under the settlement because clinicians will be able to diagnose CTE in living people. But they may misunderstand what Dr. Stern and Dr. Gandy are suggesting. They are suggesting merely that the scientific community might develop a way to diagnose the presence of tau protein, which signals CTE, through what is known as a PET scan in a living individual. But that does not mean that we will soon understand what causes CTE or the diagnostic profile of CTE (*e.g.*, what symptoms are caused by CTE). It will take many years before science can fully understand these issues. I am hopeful that research in this area will continue to advance the scientific community's understanding of this degenerative condition. By comparison, even with the tremendous research and thousands of clinical studies on millions of individuals over the past fifty years regarding Alzheimer's, there is still uncertainty as to its causes and effects.

78. In sum, the science surrounding CTE is premature, evolving, and does not include any prospective or long-term studies. Because of this, the studies we do have—which are susceptible to potential biases and limitations—are not sufficient to create a credible diagnostic profile for CTE, or to draw any conclusions as to causality. This is particularly true in the context of mood and behavioral symptoms, which are very common in the general population and have numerous causes; attributing these symptoms to CTE in particular, will always be especially difficult.

79. Therefore, based on the state of the science, in my professional opinion, there are significant challenges to establishing that, even on a broad population level, single or repetitive or mild TBIs resulting from NFL football are the cause—or

even one cause—of an individual's development of CTE. These challenges are even more acute than those faced by players seeking to establish causation between mild repetitive TBI and the Qualifying Diagnoses.

B. The Settlement Provides Compensation For the Key Alleged Features of CTE

80. More importantly, even if one assumes that there is a causal relationship between mild repetitive TBI and CTE, the Settlement compensates the key alleged impairments associated with CTE given what we know about CTE as of today. By compensating for dementia and other conditions that have been identified as comorbid, *i.e.*, co-occurring, with CTE, the vast majority of retired players who manifest symptoms of CTE while living will be compensated according to the studies relied upon by objectors. As discussed below, my opinions are confirmed by the current studies conducted by Dr. Stern and Dr. McKee to date.

81. Objectors allege that there are a litany of mood and behavioral symptoms that are part of the diagnostic and clinical profile of CTE: memory impairment, executive dysfunction, language impairment, visuospatial difficulties, impaired concentration and attention, depression, apathy, irritability, suicidality, headaches, aggressiveness, disinhibition, explosivity, mood instability, gait disturbance, tremors, muscle weakness, and spasticity, a sensitivity to noise, visual impairment, chronic pain, dysnomia, peripheral nerve dysfunction (numbness, burning, and/or tingling), cervical spinal disorders, sleep dysfunction, and somatic disorders. But even within that long list of symptoms are symptoms that are associated with dementia and undisputedly are covered under the Settlement, namely, memory impairment, executive dysfunction, language impairment, visuospatial difficulties, impaired concentration and attention. Based on the McKee Study and the Stern Study, it appears that almost all players with CTE have impairment in these areas, known as cognitive domains, that are associated with dementia (memory and learning, complex attention, executive function,

language, and visuospatial), and that players who progress to CTE III or CTE IV will develop dementia.

82. More specifically, it appears to me that the vast majority of the former professional football players who were examined in the McKee Study would have been compensated under the terms of the settlement. The McKee Study concluded that "thirty-one of the thirty-four former professional American football players had stage III–IV CTE or CTE plus co-morbid disease (89%)." *See* McKee Study at 59. "CTE plus co-morbid disease" refers to players who were diagnosed with CTE and one of the following: Alzheimer's disease, Parkinson's disease, ALS, or frontotemporal dementia. *Id.* The McKee Study further reported that individuals with CTE III or CTE IV had symptoms consistent with dementia. In other words, at stage III, "[t]he most common presenting symptoms were memory loss, executive dysfunction, explosivity and difficulty with attention and concentration." *Id.* at 56. At stage IV, "[e]xecutive dysfunction and memory loss were the most common symptoms at onset, and all developed severe memory loss with dementia during their course. Most subjects also showed profound loss of attention and concentration, executive dysfunction, language difficulties, explosivity, aggressive tendencies, paranoia, depression, gait and visuospatial difficulties." *Id.* at 58-59.

83. Based on my review of the injury definitions and test battery agreed to under the Settlement Agreement, and accepting the findings in the McKee Study as accurate, at least 89% of the former NFL players studied by Dr. Stern, Dr. McKee, and their colleagues would have been compensated under the settlement while living. Additionally, it is possible that the remaining three players may have received compensation while living; we simply do not know enough about their symptoms or the severity of their symptoms based on the text of the McKee Study.

84. It is thus my belief that while we do not know enough about CTE to adequately understand its diagnostic profile or causal properties, from the information

we do know, the settlement compensates symptomatic players with CTE by compensating for dementia and other conditions that have been identified as comorbid with CTE.

C. The Stroke Offset is Scientifically Justified

85. I have reviewed objections that argue the stroke offset in the Settlement is not scientifically justified. Objectors argue that stroke is caused by mild repetitive TBI experienced during NFL play and that retired players, therefore, should not be subject to an offset for an event caused by their NFL careers. In my opinion, there is a significant association between stroke and dementia. Moreover, while there is an associated between TBI and stroke, that association has been identified with moderate and severe TBI, not mild repetitive TBI. Therefore, in my professional opinion, the stroke offset is justified and reasonable.

86. There is a significant association between stroke and dementia. *See, e.g.*, J.S. Elkins, Kristine Yaffe, et al., *Pre-existing Hypertension and the Impact of Stroke on Cognitive Function*, 58 Ann. Neurol. 68 (2005) (clinical study concluding that pre-existing hypertension resulting from a stroke was a strong predictor of cognitive decline); R. Sahathevan, R., et al., *Dementia, Stroke and Vascular Risk Factors; A Review*, 7 Int. J. Stroke 61 ("There is also substantial evidence that stroke risk factors such as hypertension . . . are independently associated with an increased risk of Alzheimer's disease, and vascular cognitive impairment. . . . Physicians must be aware that stroke causes dementia.").

87. In fact, strokes are recognized as the second most common cause of dementia, known in the scientific community as "vascular dementia." This is a distinct kind of dementia primarily caused by the occurrence of one or more strokes.

88. Objectors argue that even if stroke is causally related to dementia, it is playing football itself that often causes the stroke. In support of this argument,

Objectors cite to a study conducted by Dr. Burke and his colleagues. *See* Burke, J.F., et al., *Traumatic Brain Injury May be an Independent Risk Factor for Stroke*, 81 NEUROLOGY 33 (2013). The Burke study found that subsequent stroke was found in 1.1% of the group of patients with a prior TBI (and in 0.9% of the control group) over a period of 28 months. However, this study naturally focused on moderate to severe TBIs by relying on TBIs that resulted in subjects going to the emergency room at a hospital or were admitted to the hospital on an inpatient basis due to their TBIs. This study thus determined that moderate to severe TBI—not mild TBI—is associated with stroke, independent of other major predictors. A second study cited by objectors for the same purpose, *see* Y. H. Chen, *Patients with Traumatic Brain Injury: Population-Based Study Suggests Increased Risk of Stroke*, 42 Stroke 2733 (2011) ("Chen Study"), also showed an increase risk of stroke following moderate to severe TBIs during the first three months to a year, with a much lower potential association at the five year mark, but—like the Burke Study—the Chen study did not address or draw any conclusions relating to mild repetitive TBI. A third study described by Objectors, although not cited, *see* Chien-Chang Liao, PhD, MPH, *Stroke Risk and Outcomes in Patients with Traumatic Brain Injury: 2 Nationwide Studies*, 89 Mayo Clin. Proc. 163, 163-172 (2014), found that mild TBI was associated with stroke during the 24-month period following the TBI. The first two studies thus do not address the principal theory of Objectors' complaint—that mild repetitive TBI causes stroke. The final study does not address the theory that mild repetitive TBI causes remote stroke years after NFL play.

D. The Traumatic Brain Injury Offset is Scientifically Justified

89. I have reviewed objections that argue the TBI offset is not scientifically justified. In my opinion, there is a significant association between moderate and severe TBI and the qualifying conditions. In the Settlement Agreement, the offset only applies if there is a severe TBI. Therefore, in my opinion, the TBI offset in the Settlement is scientifically justified.

90. Moderate and severe TBIs have a strong association with dementia, Alzheimer's, and Parkinson's. Scientific research to date shows acute and severe TBIs—including one single acute and severe TBI—are a risk factor for these conditions with a relative risk ranging between 1.5 and 2.0. *See, e.g.,* A. B. Graves, et al., *The Association Between Head Trauma and Alzheimer's Disease*, 131 Am. J. Epidemiol. 491 (1990) (finding through a controlled study a statistically significant association between head trauma and Alzheimer's disease); Y.K. Lee, et al., *Increased Risk of Dementia in Patients with Mild Traumatic Brain Injury: A Nationwide Cohort Study*, 1 PloS One 8 (2013) (finding that TBI is an independent significant risk factor of developing dementia even in the mild type); Anne M. Harris, et al., *Head Injuries and Parkinson's Disease in a Case-Control Study*, 70 Occup. Environ. Med. 839, 840 (2013) (finding that associations between head injuries and Parkinson's were strongest involving concussions or unconsciousness). My personal clinical studies, some of which are discussed herein (*see supra* ¶ 44), also support this position.

IV. There is no Scientifically Established Correlation between Multiple Sclerosis and Traumatic Brain Injuries

91. I have reviewed an objection that argues that multiple sclerosis should be compensated under the Settlement. However, I am not aware of any scientific literature that demonstrates an association between head trauma of any severity and the development of multiple sclerosis. In fact, studies have concluded that there is no association between head trauma and multiple sclerosis. *See, e.g.*, C. C. Pfleger, et al., *Head Injury is not a Risk Factor for Multiple Sclerosis: A Prospective Cohort Study*, National Institutes of Health, (2009), *available at* http://www.ncbi.nlm.nih.gov/pubmed/19028828 (concluding that head injury of any severity on either gender does not affect the risk of acquiring multiple sclerosis later in life); M. J. Goldacre, et al., *Risk of Multiple Sclerosis After Head Injury: Record Linkage Study*, 77 J. Neurol Neurosurg Psychiatry 351, 353 (2006) (finding that the RR for

multiple sclerosis from a head injury was 1.1 with a 95% confidence interval, and therefore concluding that there was no significant increase in the risk of multiple sclerosis at either short or long time periods after head injury).

V. It is Difficult For a Clinician to Determine When a Condition Began Without a Contemporaneous Evaluation

92. I understand that certain Objectors complain about Monetary Awards under the Settlement being based in part on the age of diagnosis of a Qualifying Diagnosis. Objectors argue that a retired player should be able to establish through credible evidence that his Qualifying Diagnosis began earlier.

93. In my opinion as a clinician, it is very difficult if not impossible to know when symptoms began, or when a condition actually manifests, without a contemporaneous evaluation. In other words, a doctor cannot—based solely on the patient's account of earlier symptoms—retrospectively diagnose with any certainty when exactly the condition first manifested. The only potential exception would be if a disease were diagnosed at a moderate or severe stage; then, the doctor could potentially say the condition began earlier, but not with any definitive certainty as to even an approximate date.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: San Francisco, CA
November 10, 2014

Kristine Yaffe, M.D.

EXHIBIT A

Curriculum Vitae

KRISTINE YAFFE, M.D.
Roy and Marie Scola Endowed Chair in Psychiatry
Vice Chair of Clinical and Translational Research, Department of Psychiatry
Professor In Residence, Step 6
Departments of Psychiatry, Neurology, and Epidemiology
University of California, San Francisco
Chief of Geriatric Psychiatry, San Francisco Veterans Affairs Medical Center

University Address
4150 Clement St. Box 181G
San Francisco, CA 94121
(415) 221-4810 x3985
Fax: (415) 750-6641
E-mail: kristine.yaffe@ucsf.edu
Website: http://yaffe.ucsf.edu/

EDUCATION

1985	Yale University, B.S. Biology-Psychology
1989	University of Pennsylvania School of Medicine, M.D.
1989-90	Intern in Internal Medicine, Hospital of the University of Pennsylvania
1990-93	Resident in Neurology, University of California, San Francisco
1993-95	Resident in Psychiatry, University of California, San Francisco
1995-97	Fellow in Geriatric Psychiatry, San Francisco VA Medical Center
1995-97	Fellow in Clinical Epidemiology, University of California, San Francisco

Licensure

1990	National Board of Medical Examiners California Medical License # G069893 (expires 7/14)

Specialty Certification

1995	Board Certified in Neurology, The American Board of Psychiatry and Neurology
1999	Board Certified in Psychiatry, The American Board of Psychiatry and Neurology

CURRENT POSITIONS HELD

University of California, San Francisco

1998-	Faculty, Center of Aging

2000- Co-Director, UCSF Memory and Aging Center
2007- Associate Director, CTSI Mentor Development Program
2007- Professor In Residence, Departments of Psychiatry, Neurology and Epidemiology and Biostatistics
2009-2013 Associate Chair of Clinical and Translational Research, Department of Psychiatry
2009- Roy and Marie Scola Endowed Chair in Psychiatry
2013- Vice Chair of Clinical and Translational Research, Department of Psychiatry

San Francisco VA Medical Center
1996- Director, Memory Evaluation Clinic
1997- Chief, Geriatric Psychiatry
2010- Associate Chief of Service for Research

Kaiser Permanente Division of Research
2008- Adjunct Investigator

PRINCIPAL POSITIONS HELD

1995-97 Attending Physician, Neuropsychiatry Clinic, Outpatient Psychiatry Consultation Service, San Francisco VA Medical Center
1997-99 Assistant Clinical Professor of Psychiatry, UCSF
1999-03 Assistant Professor In Residence, Departments of Psychiatry, Neurology and Epidemiology and Biostatistics, UCSF
2003-07 Associate Professor In Residence, Departments of Psychiatry, Neurology and Epidemiology and Biostatistics, UCSF
2005-07 Co-Director, Clinical and Translational Sciences Training Program, UCSF

AWARDS AND HONORS

1985 Magna cum laude; Honorary Distinction in Biology
1988 Alpha Omega Alpha Society, elected junior year
1989 The Morris Ginsburg Prize for the medical student voted "ideal physician"
1989 The Henrietta and Jacob Lowenstein Prize in Pediatrics
1989 American Medical Women's Association Scholastic Achievement Award
1992 Epilepsy Mini-Fellowship, Bowman Gray School of Medicine
1994 The West Coast Biological Psychiatry Resident Fellowship
1994 NIMH Outstanding Resident Award
1997 Brookdale/NIA Summer Fellowship
1997 Best Junior Faculty Award: Women's Cognitive Health Conference
1998 Junior Investigator Award, American Association for Geriatric Psychiatry
1999 Best Abstract, UCSF Clinical Research Conference
2001 Paul Beeson Faculty Scholar in Aging Research
2001 UCSF Alumni-Faculty Association Interdisciplinary Achievement Award
2002 William B. Abrams Award in Geriatric Clinical Pharmacology
2004, 2007 Nominated for "Best Mentor" Bay Area Clinical Research Conference
2005 American Academy of Neurology Research Award in Geriatrics
2008 American Academy of Neurology Frontiers in Neurology Plenary Talk
2008 Bay Area Clinical Research Conference "Best Oral Presentation"

2009	Roy and Marie Scola Endowed Chair in Psychiatry
2010	The Royer Award for Academic Excellence in Psychiatry
2010	International Conference on Alzheimer's Disease Plenary Talk
2013	John Mackey Award for Excellence in Dementia Care
2013	UCSF Faculty Research Award in Clinical Science
2013	Invited Scientist G8 Dementia Summit London, United Kingdom
2014	American Association for Geriatric Psychiatry Distinguished Scientist Award
2014	Thomas Reuters World's Most Influential Scientific Minds

Keywords/Areas of Interest

Dementia, cognitive impairment, epidemiology, geriatric psychiatry, prevention

PROFESSIONAL ORGANIZATIONS

Memberships

1988-	Alpha Omega Alpha Medical Honor Society
1990-	American Academy of Neurology
1993-	American Psychiatry Association
1998-	American Association for Geriatric Psychiatry
2011-	American Neurological Association

Service to Professional Organizations

1999-02	Research Committee, American Association of Geriatric Psychiatry
2001-04	Nominations Committee, American Association of Geriatric Psychiatry
2004-	Abstract Reviewer, American Academy of Neurology Annual Meeting
2007-09	Scientific Planning Committee, International Conference on Alzheimer's Disease and Related Disorders, 11th and 12th meetings
2007-	Abstract Reviewer, Alzheimer's Association International Conference on Alzheimer's Disease
2008	Abstract Reviewer, American Geriatrics Society Annual Meeting
2010-11	Co-chair, Alzheimer's Association Research Roundtable in Epidemiology of Dementia
2011-	Clinical Research Committee, American Academy of Neurology
2011-13	Chair, Scientific Planning Committee, 13th and 14th International Conference on Alzheimer's Disease and Related Disorders
2012	Abstract Reviewer, American Neurological Association Annual Meeting
2012-	Fellowship Review, American Neurological Association
2012-13	Alzheimer's Association's National Alzheimer's Project Act's (NAPA) Expert Advisory Committee
2012-13	Planning Committee, Institute of Medicine's Cognitive Aging: Translating Science into Prevention and Care Meeting
2013-14	Scientific Planning Committee, 15th International Conference on Alzheimer's Disease and Related Disorders
2014-	Co-Chair, Committee on the Public Health Dimensions of Cognitive Aging, Institute of Medicine
2014-	Alzheimer's Association Medical & Scientific Advisory Council

SERVICE TO PROFESSIONAL PUBLICATIONS

Reviewer, American Journal of Medicine
Reviewer, American Journal of Psychiatry
Reviewer, Annals of Neurology
Reviewer, Archives of General Psychiatry
Reviewer, Archives of Internal Medicine
Reviewer, Archives of Neurology
Reviewer, Biological Psychiatry
Reviewer, Journal of the American Medical Association
Reviewer, Journal of American Geriatric Society
Reviewer, Journal of General Internal Medicine
Reviewer, Lancet
Reviewer, Neurobiology of Aging
Reviewer, Neurology
Reviewer, New England Journal of Medicine

2004-07	Editorial Board, American Journal of Geriatric Psychiatry
2011-	Associate Editor, International Review of Psychiatry
2012-	Associate Editor, Journal of Gerontology: Medical Sciences

GOVERNMENT AND OTHER PROFESSIONAL SERVICE

Grant Review

1998-	California Department of Health
1998-06	The French Foundation for Alzheimer's Research
1999-	The Alzheimer's Association
2000	NIH Study Section IFCN 8
2001	Raine Priming Grant
2001	NIH Special Emphasis Panel 1 IFCN 4
2002	NIH Special Emphasis Panel Specialized Centers of Research for Women and Gender
2003	NIH Study Section BBB-4
2006	NIH Study Section RPHB-G 03
2008	NIH Study Section AGS
2008	NIH Toolbox for Assessment of Neurological and Behavioral Function
2008-	AXA Research Fund
2009	NIH Special Emphasis on Neural and Behavioral Problems of Cognitive Aging
2009-2014	NIA-N Study Section (standing member)
2013	Chair, NIDDK Special Emphasis Panel Beta-Cell Function and Cognition
2013	Review Committee, Brain Canada, Interventions for Prevention of Alzheimer Disease and Related Disorders Multi-Investigator Research Initiative
2013-	Bright Focus Foundation Study Section
2013-	Review Committee, National Alzheimer's Coordinating Center

Other Service

2001	Co-chaired, NIH Healthy Brain Workshop, July 9-10
2003-10	DSMB, Women's Health Initiative (WHI)
2004-05	Evaluation Committee, NIH Healthy Brain Workshop
2006	CDC Prevention of Dementia Working Group

2006	Expert Panel, RAND ACOVE Quality of Care Indicators for the Vulnerable Elderly
2007	Chair, VA National Subcommittee on Dementia Diagnosis
2007-	Scientific Advisory Committee, AlzForum
2008-	Scientific Advisory Committee, Beeson Scholars in Aging
2009-10	DSMB (Chair), Pfizer Dimebon Trials
2009-11	DSMB (Chair), Medivation Dimebon Trials
2009-11	Advisory Board, Longitudinal Aging Study Amsterdam (LASA)
2009-	DSMB (Chair), Citalopram Treatment for Agitation in Alzheimer Dementia (CITAD)
2009-	National Alzheimer's Coordinating Center (NACC) Scientific Review Committee
2012-	Senate Member, Council of the German Center for Neurodegenerative Diseases
2012-13	Alzheimer's Disease Diagnostics, National Policy Development Group, Institute for Clinical and Economic Review
2013-	DSMB (Chair), Zinfandel Trial
2014-	External Scientific Advisory Board, Massachusetts Alzheimer's Disease Research Center

UNIVERSITY SERVICE

UCSF Campus-wide

1998	UCSF Vice-Chancellor's Committee on Clinical Research
1998	Organized and chaired, "Alzheimer Disease and Women: From the Bench to the Bedside and Beyond," with UCSF Center of Excellence on Women's Health
2002-03	Chancellor's Advisory Panel on Long Term Growth at UCSF
2005-06	Planning Committee, Clinical and Translational Science Award
2005-07	Co-Director, Clinical and Translational Sciences Training Program
2005-09	Advisory Board, Center for Aging in Diverse Communities
2005-10	Academic Information Systems Board
2006	Organized and Chaired, "Building a Multidisciplinary and Translational Research Program" conference
2006-07	Strategic Planning Team: Research Directions
2007-	Associate Director, CTSI Mentor Development Program
2008-	Clinical and Translational Research Pathway Advisory Council, UCSF
2011-13	Long Range Development Plan Oversight Committee, Research Subcommittee
2013-14	Stewardship Review Committee, Chair of the Department of Anatomy

UCSF School of Medicine

2000-01	Medical School Curriculum Committee-Brain and Behavior Core
2004-05	Search Committee, Chair of the Department of Epidemiology
2006-07	Pathways to Discovery Clinical and Translational Research Committee
2006-07	Pathways to Discovery Task Force
2008-	Advisory Board, Pathways to Discovery Clinical and Translational Research
2010-11	Search Committee, Chair of the Department of Psychiatry

UCSF Department of Psychiatry

1995-97	Program for Women Support Committee, UCSF Department of Psychiatry
1996-97	Committee for Geriatric Psychiatry Education
2000-01	Search Committee, Schizophrenia Research Faculty

2000-02 Grand Rounds Committee
2001-03 Continuing Medical Education Committee
2002 Friends of Langley Porter Symposium on "Aging with Wit and Wisdom"
2003-06 Co-Director, Clinical Research Training in Psychiatry
2003-06 Grand Rounds Committee
2006-10 Appointments and Promotions Committee
2008 Task Force on Professional and Career Development
2008-09 Chair, Search Committee for Clinical and Translational Research
2009-10 Search Committee for VA-UCSF Research Psychiatrist
2009-12 Search Committee for UCSF Child and Adolescent Psychiatry Researchers
2009-12 Chair, Search Committee for VA-UCSF Geropsychiatry Researcher
2010 - Chair, Research Retreat
2013- Chair, Clinical and Translational Research Advisory Committee

UCSF Department of Neurology
2002-03 Search Committee, Academic Faculty in Epilepsy
2004-05 Search Committee, In-Residence Position in Dementia Research
2007-08 Search Committee, Academic Faculty for Alcohol Research
2007-08 Search Committee, Academic Faculty for Dementia Research
2009 Search Committee, In-Residence Position for Dementia Research
2010 Search Committee, Endowed Chair in Dementia Research
2011 Search Committee, In-Residence Position for Neurobehavioral Research

UCSF Department of Epidemiology and Biostatistics
2000 Search Committee, In-Residence Appointments
2006 Roadmap K12 Applications Committee
2010-2011 Search Committee, In-Residence Appointments

San Francisco VA Medical Center
1998-02 Clinical Research Committee, San Francisco VA Medical Center
2000-01 Chair, Search Committee, Geropsychologist, San Francisco VA Medical Center
2000-02 Search Committee, Chief of Neurology, San Francisco VA Medical Center
2004-05 Search Committee, CEO of Northern California Institute for Research and Education
2004-06 Search Committee, Geropsychiatrist
2006-08 Task Force for Geriatric Mental Health
2007-08 Search Committee, Geropsychologist
2007-08 Chair, Search Committee for Geropsychiatrist
2008-09 Board of Directors, Northern California Institute for Research and Education
2013 Search Committee, Director of the Center for Imaging of Neurodegenerative Diseases

PUBLIC SERVICE

1993-96 Guest Speaker, California College of Arts and Crafts
1996-01 Scientific Consultant, San Francisco Exploratorium Museum
1998 Guest Speaker, Korean POW Society, San Francisco, CA
1998- Medical Scientific Advisory Council, Bay Area Alzheimer's Association

Service to Elementary and Secondary Education

1996-00 Met with high school students interested in careers in science and medicine. San Francisco Exploratorium

TEACHING AND MENTORING

Formal scheduled classes for UCSF Students and Trainees

1999-09 Faculty, Training in Clinical Research Program. A seven-week course on clinical research methodology organized by the UCSF Department of Epidemiology and Biostatistics; taught 10 students, 5 hours per week for seven weeks.

2000 Faculty, Meta-analysis Workshop, Training in Clinical Research Program. A three-week workshop designed to teach the fundamentals of meta-analytic techniques; taught 15 students, 5 hours per week for three weeks.

2000- Faculty, Geriatric Psychiatry Core Curriculum; 2 lectures every 6 months for psychiatry residents

2000- Faculty, Training in Clinical Research Program, Department of Epidemiology

2003 Faculty, Evidence-based Medicine Intersession Course for medical students

2007- Faculty and Co-director, Geriatric Psychiatry Seminar

2007 Faculty, Clinical Trials Course; led a section for this course

Clinical Teaching to Residents and Fellows

1995-97 Supervisor, UCSF psychiatry PGY2 residents and 3rd year medical students in neuropsychiatry consultation, San Francisco VA Medical Center

1996- Supervisor, UCSF neurology residents in the Memory Disorder Clinic, San Francisco VA Medical Center; 4 hours per week.

1997-07 Supervisor, UCSF psychiatry residents in the Memory Disorder Clinic, San Francisco VA Medical Center; 5 hours per week.

1999- Supervisor, UCSF Geriatric Fellows in Geropsychiatry and Neurology; 4 hours per week for selected month rotations

1999- Supervisor, UCSF Geropsychiatry Fellows in Geropsychiatry and Neurology; 4 hours per week for selected month rotations

2003- Training Director, Geropsychiatry at SF VAMC; supervise 1-2 geropsychiatry fellows for 6 month rotation at SF VAMC

Postgraduate Courses

2000-02 Continuing Education Course "Evidence-based Medicine"; was small group section leader of this two-day CME course for faculty on evidence-based medicine.

2000-04 Continuing Education Course "Psychiatry for Primary Care" Taught geriatric psychiatry section with 1-2 lectures per course

2004 Continuing Education Course "Geriatrics" Taught lecture on dementia treatment

2004-09 Continuing Education Course "Updates in Geriatric Psychiatry"

2006 Continuing Education Course "Women's Health"

Informal Teaching

1996- Director, Memory Disorders Clinic, San Francisco VA Medical Center; I see my own patients, as well as supervise and teach 1 nurse practitioner and 2-3 residents and 2-3 fellows who see patients in the Memory Disorders Clinic. I also lead a weekly didactic conference and a larger monthly conference on related topics.

2004- Professors Rounds, UCSF Department of Neurology: 2 hours per month

Predoctoral Students Mentored

1998-09	Isabella Fernandez, Mentor and Supervisor, MD, Senior Resident in Geriatric Psychiatry, 2 hours per week
1999-00	Rachel Whitmer, Member of Dissertation Committee, Doctor of Public Health Candidate at University of California, Davis
1999-00	Heather Bornfeld, Member of Dissertation Committee, PhD Candidate at California School of Professional Psychology
2000-01	Deborah Barnes, PhD Candidate in Epidemiology, UC Berkeley, 1 hour per week
2000-03	Nhiha Trinh, MPH, Masters in Public Health Thesis and UCSF Medical Student, 1 hour per week
2004-05	Emily Edwards, Student in Masters of Public Health, St. John's Medical School
2004-05	Cynthia Resendez, Psychiatry Resident with Geropsychiatry elective, 2 hours per month
2004-06	Karen Holden, Psychiatry Resident with Clinical Research elective, 1 hour per week
2007-09	Andrea Weinstein, Mentor and Supervisor, BA Neuropsychology, 2 hours per week
2008-10	Andrea Weston, Mentor and Supervisor, BS Brain Behavior and Cognitive Science, MPH Epidemiology, 2 hours per week
2009-10	Shawn Song, Mentor and Member of Master's Committee, UCSF Medical Student
2011-13	Alain Koyama, Mentor and Supervisor, BS Cognitive Science, MS Epidemiology, 2 hours per week
2010-13	Andrea Metti, PhD Candidate in Epidemiology, University of Pittsburgh, 2 hours per month
2010-	Tina Hoang, Mentor and Supervisor, BS Cell and Molecular Biology, MSPH Epidemiology, 2 hours per week
2010-	Cherie Vitartas, Mentor and Supervisor, BS Psychology, MPH Social and Behavioral Sciences, 2 hours per week
2011-13	Elizabeth Rose Mayeda, PhD Candidate in Epidemiology, UCSF, 2 hours per month
2012	Leah Malhotra, MD, UCSF Psychiatry Resident, 2 hours per week

Postdoctoral Students Mentored

1999-03	Kala Mehta, PhD, UCSF Geriatric Research Fellow in Geriatric Psychiatry & Epidemiology, 3 hours per week
2001-02	Rachel Whitmer, PhD, UCSF Epidemiology Postdoctoral Fellow, 2 hours per week
2002-03	Jake Elkins, MD, UCSF Neurology Fellow, 2 hours per week
2002-03	Manjula Kurella-Tamura, MD, UCSF Fellow in Nephrology, 2 hours per week
2002-04	Kaycee Sink, MD, UCSF Geriatrics Research Fellow, 2 hours per week
2002-04	Sharon Smart, MD, UCSF Biological Psychiatry Fellow, 2 hours per week
2002-05	Deborah Barnes, PhD, UCSF Research Fellow in Geriatric Epidemiology, 2 hours per week
2003-05	Rebecca Sudore, MD, UCSF Geriatrics Research Fellow, 2 hours per week
2004-05	Cynthia Resendez, MD, UCSF Psychiatry Fellow, 2 hours per week
2004-05	David Chou, MD, UCSF Geropsychiatry Fellow, 2 hours per week
2005-06	Arnaldo Moreno, MD, UCSF Geropsychiatry Fellow, 2 hours per week
2005-07	Alison Huang, MD, UCSF Internal Medicine Fellow, 2 hours per week
2006-07	Karen Holden, MD, UCSF Geropsychiatry Fellow, 2 hours per week
2006-07	Kyle Steinman, MD, UCSF Behavioral Neurology Fellow, 1 hour per month
2006-08	Adam Spira, PhD, Geriatrics Research Fellow, 2 hours per week

2007-08 Ioana Popescu, MD, UCSF Geropsychiatry Fellow, 1 hour per week
2008-09 Alicia Romeo, MD, UCSF Geropsychiatry Fellow, 1 hour per week
2008-10 Alexandra Fiocco, PhD, Geropsychiatry Research Fellow, 2 hours per week
2009-10 Julia Lesselyong, PsyD, Psychiatry Research Fellow, 2 hours per week
2009-2012 Laura Middleton, PhD, UCSF Research Research Fellow, 2 hours per week
2010-2011 Pei-Huey Nie, MD, UCSF Geropsychiatry Fellow, 1 hour per week
2010-2011 Kristin Krueger, PhD, Geropsychology Research Fellow, 1 hour per week
2010-2011 Alex Threlfall, MD, UCSF Geropsychiatry Fellow, 1 hour per week
2010-2013 Adina Zeki Al Hazzouri, PhD, UCSF Geriatric Epidemiology Fellow, 2 hours per week
2012- Brianne Bettcher, PhD, UCSF Neuropsychology Fellow, 2 hours per week
2012- Allison Kaup, PhD, MIRECC Fellow, 2 hours per week
2012-14 Jennifer Yokoyama, PhD, UCSF Research fellow, 2 hours per week
2012-13 Sophia Wang, MD, Geropsychiatry Fellow, 2 hours per week
2013- Jasmine Nettiksimmons, PhD, Research Fellow, 2 hours per week
2013- Raquel Gardner, MD, MIRECC Fellow, 2 hours per week
2013- Alexis Armenakis MD, UCSF Geropsychiatry Fellow, 1 hour per week

Faculty Mentoring

2002- Cynthia Barton, NP, Assistant Clinical Professor, Department of Nursing
2002- Rachel Whitmer, PhD, Scientist, Division of Research, Kaiser Foundation
2003-11 Kala Mehta, PhD, Assistant Adjunct Professor, Division of Geriatrics
2003-07 Jake Elkins, MD, Assistant Professor, Department of Neurology, Master's Committee
2003-10 Julene Johnson, PhD, Assistant Professor, Department of Neurology
2004-08 Manjula K. Tamura, MD, Assistant Professor, Department of Medicine, UCSF
2005-06 Rebecca Sudore MD, Assistant Professor, Department of Medicine (Geriatrics)
2005- Deborah Barnes, PhD, Associate Professor, Department of Psychiatry
2006-07 Narissa Ko, MD, Assistant Professor, Department of Neurology, Master's Committee
2007-08 Hannah C. Glass, MDCM, FRCP(C), Clinical Instructor, Department of Neurology, Master's Committee
2007-08 Kyle Steinman, MD, Clinical Instructor, Department of Neurology, Master's Committee
2008- Adam Spira, PhD, Assistant Professor, Department of Mental Health, Johns Hopkins Bloomberg School of Public Health
2009- Amy Byers, PhD, Assistant Adjunct Professor, Department of Psychiatry, UCSF
2009- Manjula K. Tamura, MD, Assistant Professor, Department of Medicine, Stanford University
2013- Adina Zeki Al Hazzouri, PhD, Assistant Professor, Department of Epidemiology & Public Health, University of Miami
2014- Jennifer Yokoyama, PhD, Assistant Professor, Department of Neurology, UCSF

RESEARCH AWARDS AND GRANTS

Current Research Support

1. R01 DK069406 (Multiple PI: Yaffe and Kurella) 09/05-05/15
NIDDK $584,439 directs/yr 1
Cognitive Decline in Chronic Renal Insufficiency $2,867,726 yrs 7-10; $4,880,320 directs/total

2. R01 AG026720 (Multiple PI: Stone and Yaffe) 07/06-03/17
NIA $499,990 directs/yr 1
Change in Sleep & Cognition in Older Women $1,999,960 yrs 6-10; $2,319,700 directs/total

3. K24 AG031155 (PI) 09/07-05/19
NIA $147,425 directs/yr 1
Predictors of cognitive aging across the lifecourse $796,095 yrs 6-10; $1,441,697 directs/total

4. IIRG-08-88872 (PI) 03/09-02/15
Alzheimer's Association $72,137 directs/yr 1
Predictors of MCI/Dementia among the Oldest Old Women $218,181 directs/yrs 1-3 NCE

5. P50 AG023501 (Co-Investigator, PI: Miller) 04/14-03/19
NIA $1,384,385 directs/yr 1
Alzheimer's Disease Research Centers: New Approaches to Dementia Heterogeneity $ 6,947,565 directs/yrs 1-5

6. P50 AG023501 (PI) 05/09-04/19
NIA $110,000 directs/yr 1
Alzheimer's Disease Research Centers: Data and Statistical Core $584,006 directs/yrs 1-5

7. Director 07/09-06/16
Sierra-Pacific VISN
Mental Illness Research, Educational and Clinical Center Psychiatric Fellowship $273,020 directs/yrs 1-7

8. R01 MH086498 (PI) 03/10-02/15
NIMH $268,530 directs/yr 1
Long Term Depressive Symptom Course & Adverse Health Outcomes among Older Women $806,135 directs/yrs 1-3 NCE

9. PI 04/10-11/14
Bright Focus Foundation $129,922 directs/yr 1
Glucose Regulation, Cognitive & Brain Changes in Elders $394,755 directs/yrs 1-3 NCE

10. R01 AG05407 (Multiple PI: Yaffe and Cummings) 09/11-06/16
NIA $726,879 directs/yr 1
Study of Osteoporotic Fractures: Successful Aging $3,706,144 directs/yrs 1-5

11. PI of Geropsychiatry Research at SF VA Medical Center 11/11-10/16
Sierra-Pacific VISN
Mental Illness Research, Educational and Clinical Center $1,150,000 directs/yrs 6-10

12. W81XWH-11-2-0189 (Co-investigator, PI: Byers) 01/12-12/14
Department of Defense $124,953 directs/yr 1
Late Life PTSD and Adverse Health Outcomes among U.S. Veterans $249,906 directs/yrs 1-2

13. R01 MD007019 (Co-investigator, PI: Byers) 04/12-12/15

NIH: National Institute on Minority Health and Health Disparities — $200,000 directs/yr 1
Epidemiology of Suicidal Behavior in Racially/Ethnically Diverse Older Americans — $800,000 directs/yrs 1-4

14. 2P01 AG019724 (PI: Miller; Core PI: Yaffe) — 09/12 – 08/17
NIA — $123,833 directs/yr 1
Frontotemporal Dementia: Genes, Images, and Emotions: Data Management and Biostatistics Core — $619,165 directs/yrs 1-5

15. W81XWH-12-1-0581 (PI: Yaffe) — 10/12 – 03/15
Department of Defense — $274,955 directs/yr 1
Endophenotypes of Dementia Associated with Traumatic Brain Injury in Retired Military Personnel — $446,187 directs/yrs 1-2

16. P30 AG044281 (Co-Investigator, PI: Covinsky) — 07/13-06/18
NIA — $682,650 directs/yr 1
UCSF Older American Independence Center — $3,413,250 directs/ yrs 1-5

17. (Co-Investigator, PI: Cifu) — 07/13-06/18
Department of Defense/VA
Chronic Effects of Neurotrauma Consortium (Military and Veterans Rehabilitation and Recovery from Injury Network) — $62,500,000 directs/ yrs 1-5

18. 81XWH-13 (PI: Yaffe) — 10/14-09/17
Department of Defense — $199,458 directs/yr 1
Blood biomarker profile of TBI-associated cognitive impairment among old & young veterans — $593,534directs/ yrs 1-3

Pending Research Support

1. (PI: Yaffe) — 10/14-05/18
Department of Defense/VA
Epidemiology Project. Chronic Effects of Neurotrauma Consortium (Military and Veterans Rehabilitation and Recovery from Injury Network, Notified of plans for funding)

2. (Multiple PI: Yaffe and Sidney) — 12/14-11/18
NIA
Determinants of Midlife & Longitudinal Change in Cognitive Function: CARDIA Study (Received 5th percentile, awaiting council review)

Mentored Career Development Awards

1. Career Development Award (Co-Mentor, PI: Manjula Kurella) — 07/04-06/06
American Society for Nephrology
Cognitive Impairment in Elderly Persons with Chronic Kidney Disease

2. K23 NS046302 (Co-Mentor, PI: Jake Elkins) — 07/04-08/07
NINDS
Hypertension and High Cognitive Function in the Elderly

3. K01 DK066308 Award (Primary Mentor, PI: Rachel Whitmer) 10/05-09/09
NIDDK
Diabetes and Cognitive Function

4. K01 AG024069 (Primary Mentor, PI: Deborah Barnes) 10/05-09/10
NIA
Physical Activity and Cognitive Function

5. K01 AG025444 (Co-Mentor, PI: Kala Mehta) 10/05-09/11
NIA
Race/Ethnicity, Cognitive Function and Health Outcomes

6. K01 MH079093 (Primary Mentor, PI: Amy Byers) 01/07-12/11
NIMH
The Complexity of Late Life Depression: Bridging Methods and Clinical Substance

7. Paul B. Beeson Career Development Award (Primary Mentor, PI: Manjula Kurella) 09/07-08/12
NIA
Mechanisms of Cognitive Impairment in Chronic Kidney Disease

8. Canadian Institutes of Health Research Fellowship (Primary Mentor, 07/08-06/11
PI: Alexandra Fiocco)
Canadian Institutes of Health Research
Biomarkers of Optimal Cognitive Aging

9. Canadian Institutes of Health Research Fellowship (Primary Mentor, 07/09-07/12
PI: Laura Middleton)
Canadian Institutes of Health Research
Predictors of Healthy Cognitive Aging in the Oldest Old

10. K01 AG033195 (Co-Mentor, PI: Adam Spira) 12/09-11/14
NIA
Sleep Disturbances and Functional Decline in Elders

11. Postdoctoral Fellowship (Primary Mentor, PI: Adina Zeki Al Hazzouri) 01/12-12/13
American Academy of Neurology Foundation/American Heart Association/ American Stoke Association
Cardiovascular risk factors for stroke and consequences of stroke among three racial/ethnic groups

12. K23 AG042492 (Co-Mentor, PI: Brianne Bettcher) 08/12-07/17
NIA
Cognitive and Neural Correlates of Inflammation in Healthy Older Adults

13. K23 AG040772 (Co-Mentor, PI: Alexander Smith) 09/12-08/17
NIA
Late Life Disability: Epidemiology, Symptoms, Quality of Life Duration

13. KL2 (Primary Mentor, PI: Adina Zeki Al Hazzouri) 10/13-04/14
Clinical and Translational Science Institute (CTSI)
Effects of race and lifecourse cardiovascular risk on neuropsychiatric outcomes

14. K01 AG047273 (Primary Mentor, PI: Adina Zeki Al Hazzouri) 04/14-03/19
NIH/NIA
Lifecourse cardiovascular risk, depression and cognition in black & white adults

15. K01 (Co-Mentor, PI: Jennifer Yokoyama) 09/14-08/19
NIH/NIA
RNA signatures of frontotemporal dementia and ALS due to C90RF72 expansion

16. Career Development Award (Primary Mentor, PI: Allison Kaup) 12/14-11/19
Veterans Health Administration
Cognitive Reserve and Training in Older Veterans with Traumatic Brain Injury

Past Research Support

1. PI of the Investigator-initiated Dementia Study 07/95-06/02
Lilly Laboratories $342,152 directs/yr 1
Multicenter Osteoporosis Raloxifene Evaluation $2,395,066 directs/yrs 1-7

2. Co-investigator, PI Wolkowitz 10/95-10/97
National Institute on Aging STTR $50,000 directs/yr 1
Dehydroepiandrosterone Treatment of Alzheimer's Disease $100,000 directs/yrs 1-2

3. IIRG 95-174 (Co-investigator, PI Wolkowitz) 10/95-09/99
Alzheimer's Association $37,209 directs/yr 1
Longitudinal Study of Adrenocorticoids and Functioning in Alzheimer's Disease $148,835 directs/yrs 1-4

4. PI 05/97-11/97
National Institute on Aging Contract
Bone Mineral Density and Cognitive Decline $4,500 directs/yr 1

5. Project Director of the Cognitive Substudy 07/97-12/98
Wyeth-Ayerst
The Heart & Estrogen-Progestin Replacement Study $196,000 directs/yr 1

6. Young Investigator Award (PI) 07/97- 06/00
NARSAD $20,000 directs/yr 1
Depression and Cognitive Decline in Elderly Women $60,000 directs/yrs 1-3

7. 1K23 AG00888 (PI) 09/98-08/04
NIA $93,958 directs/yr 1
Estrogenic Compounds, Cognition and Dementia in Older Women $563,750 directs/yrs 1-6

8. PI of Cognitive Substudy	07/99-06/03
Berlex Labs	$587,500 directs/yr 1
Ultra Low-dose Transdermal Estrogen Replacement Assessment (ULTRA)	$2,350,000 directs/yrs 1-4
9. PI of UCSF site	02/99-12/03
NIA	$21,450 directs/yr 1
Alzheimer's Disease Cooperative Study	$85,800 directs/yrs 1-4
10. PI	07/00-12/03
Pfizer Inc	$51,187 directs/yr 1
The Effect of Lasofoxifene on Cognitive Function	$153,562 directs/yrs 1-3
11. Young Investigator Award (PI)	07/01-12/04
NARSAD	$20,000 directs/yr 1
Outcomes of Depression in Multi-Ethnic Frail Elders	$60,000 directs/yrs 1-3
12. Beeson Faculty Scholars Program (PI)	07/01-06/06
American Federation of Aging Research	$90,000 directs/yr 1
The Determinants of Cognitive Change and Outcomes in African-American and White Elders	$450,000 directs/yrs 1-5
13. PI	01/02-12/04
Wyeth Ayerst	$27,500 directs/yr 1
Cognitive Complaints in Early Menopause Estrogen Trial (COGENT)	$55,000 directs/yrs 1-2
14. D01 HP 00015-02 (Co-investigator, PI: Landefeld)	07/02-06/06
HRSA	$623,737 directs/yr 1
Geriatric Training for Physicians, Dentists, and Behavioral & Mental Health Professionals	$2,494,949 directs/yrs 1-4
15. PI	02/03- 02/05
UCSF/Mt Zion Women's Health Clinical Research Center	$20,000 directs/yr 1
Identification of Modifiable Risk Factors for Cognitive Impairment among Older Women	$40,000 directs/yrs 1-2
16. R01 AG010897 (Co-Investigator, PI: Weiner)	04/03-12/08
NIA	$646,110 directs/yr 1
Prediction of Cognitive Decline with MRI/MRS	$3,230,550 directs/yrs 1-5
17. K01 HP 00066-01 (PI)	09/03-09/06
HRSA	$55,000 directs/yr 1
Geriatric Academic Career Award	$165,000 directs/yrs 1-3
18. R01 AG021918 (PI)	09/03-08/09
NIA	$224,726 directs/yr 1
Sex Hormones, Related Polymorphisms & Cognitive Decline	$881,992 directs/yrs 1-6

19. R01 AG005407 (Co-investigator, PI: Black)	11/03-06/11
NIA	$197,368 directs/yr 1
Study of Osteoporotic Fractures	$1,578,940 directs/yrs 1-8
20. P50 AG023501 (Co-Investigator and Co-Director of Clinical Core, PI: Miller)	04/14-03/19
NIA	$1,400,000 directs/yr 1
Alzheimer's Disease Research Centers	$7,000,000 directs/yrs 1-5
21. Independent Investigator Award (PI)	09/04-09/08
NARSAD	$33,000 directs/yr 1
Depressive Symptoms and Risk of Mild Cognitive Impairment: The Role of Inflammation and Cerebrovascular Disease	$100,000 directs/yrs 1-4
22. PI	06/05-04/09
Organon, Inc	$20,767 directs/yr 1
LIFT Trial Ancillary Study	$83,071 directs/yrs 1-4
23. R25 MH060482 (Co-Investigator, PI Reus)	07/05-06/09
NIMH	$62,500 directs/yr 1
Training Next Generation of Mental Health Researchers	$250,000 directs/yrs 1-4
24. R21 DK070713 (PI)	09/05-08/07
NIDDK	$100,000 directs/yr 1
Metabolic Syndrome and Cognitive Decline	$200,000 directs/yrs 1-2
25. Co-Investigator, PI: Barnes	04/07-03/10
Alzheimer's Association	$80,000 directs/yr 1
Computer-Based Cognitive Training in Older Adults with Memory Complaints	$240,000 directs/yrs 1-3
26. W81XWH-05-2-0094 (PI)	08/08-03/11
Department of Defense	$140,847 directs/yr 1
Post Traumatic Stress Disorder, Traumatic Brain Injury and Risk of Dementia	$281,694 directs/yrs 1-3
27. TL1 RR024129 (Co-Investigator, PI: SC Johnston)	09/06-08/11
NIH: National Center for Research Resources	$ 1,091,667 directs/yr 1
Clinical and Translational Science Institute	$6,550,000 directs/yrs 1-5
28. PI	09/06-03/12
Anonymous foundation support	$154,789 directs/yr 1
Biomarkers of Optimal Cognitive Aging	$415,407 directs/yrs 1-5
29. R03 AG033751 (Co-investigator, PI: Haan)	06/10-06/12
NIA	$41,000 directs/yr 1
Epidemiology of Hypertension and Obesity in Older Mexican Americans	$82,000 directs/yrs 1-2

30. R01 AG028481 (Co-Investigator, PI: Covinsky) 09/07-10/12
NIA $150,00 directs/yr 1
Depressive Symptoms, Aging, Disability and Health Outcomes $600,000 directs/yrs 1-4

31. R01 AG010897 (Co-investigator, PI: Weiner) 04/09-03/14
NIA $483,407directs/yr 1
Prediction of cognitive decline with structural, diffusion, and perfusion MRI $2,417,035 directs/yrs 1-5

32. 15945 (Co-Investigator of the Center and Director of the Translational Core, PI: H Rosen) 07/12-06/15
California Department of Public Health $300,000 directs/yr 1
UCSF Alzheimer's Disease Research Center of California $900,000 directs/yrs 1-3

INVITED PRESENTATIONS

International

Hormones and Dementia. Women's Cognitive and Emotional Health Conference, Northampton, England, September 1999.

Effect of Raloxifene on the Prevention of Dementia and Cognitive Impairment in Older Women. International Conference on Alzheimer's Disease and Related Disorders, Stockholm, Sweden, July 2002.

Genetics and Cognition. International Society for Menopause, Pisa, Italy, March 2003.

Glycosylated Hemoglobin Level and Development of Cognitive Impairment in Older Women. International Conference on Alzheimer's Disease and Related Disorders, Philadelphia, PA, July 2004.

Endogeneous & Exogeneous Estrogens. International Conference on Alzheimer's Disease and Related Disorders, Madrid, Spain, July 2006.

PPARγ genotype and Risk of Cognitive Impairment in Elders. International Conference on Alzheimer's Disease and Related Disorders, Madrid, Spain, July 2006.

Effects of Ultra Low-dose Transdermal Estradiol on Cognition and Health-Related Quality of Life. International Conference on Alzheimer's Disease and Related Disorders, Madrid, Spain, July 2006.

Prevention of Dementia. Canadian Colloquium of Dementia (Plenary Address), Vancouver, Canada, October 2007.

Insulin Resistance/Metabolic Syndrome and Cognitive Impairment (Session Chair and Presenter). International Conference on Alzheimer's Disease and Related Disorders, Chicago, IL, July 2008.

Impact of Maintaining Cognitive Function on Physical Disability and Death in a Biracial Cohort of Older Women and Men. International Conference on Alzheimer's Disease and Related Disorders, Chicago, IL, July 2008.

Telomere Length and Cognitive Function in Community-Dwelling Elders: Findings from the Health ABC study. International Conference on Alzheimer's Disease and Related Disorders, Chicago, IL, July 2008.

Post-traumatic Stress Disorder and Risk of Dementia among U.S. Veterans. International Conference on Alzheimer's Disease and Related Disorders, Vienna, Austria, July 2009.

Chronic Kidney Disease and Cognitive Function in Older Adults: The CRIC Cognitive Study. International Conference on Alzheimer's Disease and Related Disorders, Vienna, Austria, July 2009.

Strategies to Prevent Dementia: The Importance of Lifestyle Factors (Plenary Address). The 52nd Annual Meeting of the Japan Geriatrics Society, Kobe, Japan, June 2010.

What Factors Might Prevent Dementia (Plenary Address). International Conference on Alzheimer's Disease and Related Disorders, Honolulu, HI, July 2010.

The Neuropathological Features Associated with Alzheimer's Disease in the Oldest Old Versus the Young Old. International Conference on Alzheimer's Disease and Related Disorders, Honolulu, HI, July 2010.

Objectively Measured Sleep Quality and Risk of Cognitive Impairment. International Conference on Alzheimer's Disease and Related Disorders, Paris, France, July 2011.

Sleep Disorders and Cognitive Function in Older Women. International Conference on Alzheimer's Disease and Related Disorders, Vancouver, Canada, July 2012.

Cardiovascular risk factors for cognitive function: effects from early adulthood to mid-life. International Conference on Alzheimer's Disease and Related Disorders, Boston, MA, July 2013.

Maximizing Cognitive Health (Keynote Lecture Series). Dementia Awareness Week, Brain Health: Making the Connections, Sydney, Darwin, Alice Springs, Canberra, Melbourne, Adelaide, Perth and Brisbane, Australia, September 2013.

Lifestyle Issues for Prevention. Dementia Collaborative Research Centres Forum, Brisbane, Australia, September 2013.

Improving Life and Care for People Affected by Dementia, and their Carers (Invited Scientist). G8 Dementia Summit, London, United Kingdom, December 2013.

Risk factors for cognitive impairment: need for a lifecourse approach. Council of the German Center for Neurodegenerative Diseases (DZNE) Senate Meeting, Bonn, Germany, May 2014.

The Importance of Risk Factor Modification over the Lifecourse. International Conference on Alzheimer's Disease and Related Disorders, Copenhagen, Denmark, July 2014.

Late-life Psychiatric Disease as a Risk Factor for Neurodegenerative Disease. Visiting Professor, Centre for Addiction and Mental Health, Toronto, Canada, October 2014.

National

Apolipoprotein E Phenotype and Mild Cognitive Decline in Elderly Women. American Academy of Neurology Annual Meeting, Boston, MA, April 1997.

Estrogen and Alzheimer's Disease. The French Foundation for Alzheimer's Research Annual Meeting, Los Angeles, CA, February 1998.

Depressive Symptoms and Cognitive Decline in Nondemented Elderly Women. Presented as the Young Investigator Award Lecture at the American Association of Geriatric Psychiatry Annual Meeting, New Orleans, LA, March 1999.

Estrogen, Cognitive Function and Dementia. Symposium for Women's Issues in Geriatric Psychiatry, Miami, FL, March 2000.

Selective Estrogen Receptor Modulators and Dementia: What is the Evidence? The NIH Workshop on Selective Estrogen Receptor Modulators, Bethesda, MD, April 2000.

Effects of Raloxifene on Cognitive Function in Postmenopausal Women without Dementia. American Academy of Neurology, San Diego, CA, April 2000.

Epidemiology and Treatment Trials of Estrogen for Alzheimer's Disease. World Alzheimer's Congress, Washington, DC, July 2000.

Prevention of Alzheimer's Disease. The Langley Seminar, Legacy Health Systems, Portland, OR, February 2001.

Pharmacological Interventions to Treat or Prevent Dementia. Stanford University and Palo Alto VA Medical Center Third Annual Update on Dementia Conference, Palo Alto, CA, March 2001.

Serum Lipoprotein Levels, Statin Use, and Cognitive Function in Older Women. American Academy of Neurology, Philadelphia, PA, May 2001.

Walking Protects Women From Cognitive Decline. American Academy of Neurology, Philadelphia, PA, May 2001.

Prevention of Dementia. Wake-Forest University, Sticht Center of Aging Research Conference, Winston-Salem, NC, October 2001.

Inflammatory Markers and Cognitive Decline in Well-Functioning Elders. American Academy of Neurology, Denver, CO, April 2002.

Predictors of Nursing Home Placement in Patients with Dementia: Importance of Both Patient and Caregiver Characteristics. American Academy of Neurology, Denver, CO, April 2002.

Modifiable Risk Factors for Alzheimer's Disease. Society for Epidemiological Research, Palm Springs, CA, June 2002.

Treatment and Prevention of Dementia, Harvard Division of Geriatrics, Boston, MA, November 2003.

A Randomized, Controlled Trial of Antioxidants and Zinc and the Impact on Cognition in the Elderly. American Neurological Association, San Francisco, CA, November 2003.

Antioxidants and Prevention of Cognitive Decline, American Society for Geriatric Psychiatry. Baltimore, MD, February 2004.

Metabolic Syndrome and Cognitive Decline: The Effect of Inflammation. American Academy of Neurology, San Francisco, CA, April 2004.

Prevention of Alzheimer's Disease. World Federation of Neuroepidemiology Keynote Presentation, Oakland, CA, May 2004.

Update on the Role of Hormones and Dementia (Plenary Address). American Society for Geriatric Psychiatry. San Diego, CA, February 2005.

The Role of Hormones in Mental Health (Plenary Address). American Society for Geriatric Psychiatry, San Diego, CA, March 2005.

Lasofoxifene Does Not Affect Cognitive Function in Postmenopausal Women: Results From Two Phase-3 Randomized Controlled Clinical Trials for Osteoporosis Prevention. American Academy of Neurology, Miami, FL, April 2005.

Subtype of Mild Cognitive Impairment and Progression to Dementia and Death. American Academy of Neurology, Miami, FL, April 2005.

Modifiable Risk Factors for Cognitive Decline (Plenary Address). North American Menopause Society, San Diego, CA, September 2005.

The Role of Biomedical Factors in Explaining Socio-Economic Differences in Cognitive Decline. Gerontological Society of America, Orlando, FL, November 2005.

Cognitive Function in Chronic Kidney Disease. NIDDK Kidney Interagency Coordinating Subcommittee Meeting, Bethesda, MD, March 2006.

Cognitive Decline is Associated with Sleep Disturbance in Older Community-Dwelling Women. American Academy of Neurology, San Diego, CA, April 2006.

Endogenous Sex Hormone Levels and Risk of Cognitive Decline in a Biracial Older Cohort. American Academy of Neurology, San Diego, CA, April 2006.

Metabolic Syndrome and Dementia. NIA Obesity and Alzheimer's Disease Workshop, Bethesda, MD, June 2006.

Visiting Professor. Johns Hopkins Bloomberg School of Public Health, December 2006.

Visiting Scholar. Institute on Aging, University of Pennsylvania School of Medicine, April 2007.

Metabolic Syndrome and Cognitive Decline in Elderly Latinos. American Academy of Neurology, Boston, MA, May 2007.

Estrogen receptor genotype and risk of cognitive impairment in elders: Findings from the Health ABC study, American Academy of Neurology, Boston, MA, May 2007.

Cognitive Aging Summit, NIA, Washington DC, October, 2007.

Prevention of Dementia (Plenary Address). American Academy of Neurology Annual Meeting, Chicago, IL, April 2008.

Cystatin-C is a Marker for Cognitive Function: Findings from the Health ABC Study. American Academy of Neurology Annual Meeting, Chicago, IL, April 2008.

Predictors & Outcomes of Maintaining Cognitive Function: A Model of Successful Aging. Fidelity Foundation Conference, Bar Harbor, ME, August 2008.

NIA-Alzheimer's Association Conference on Alzheimer's Disease Prevalence. Washington DC, March, 2009.

Subgroups at Risk for Dementia. Alzheimer's Association Roundtable. Washington DC, October, 2010.

Dementia Prevention (Keynote Address). West Coast Geriatric Psychiatry Conference, San Diego, CA, February 2011.

Special Populations for Cognitive Research: the Oldest Old and Successful Aging. Women's Health Initiative Steering Committee Meeting, Seattle, WA, May 2011.

Alzheimer's Epidemiological Perspective (Keynote Address). Alzheimer's Association Roundtable. Washington DC, October 2011.

Prevention of Alzheimer's Disease: Dashed Hopes and Future Promises (Keynote Address). Alzheimer's Association Meeting of the Minds Dementia Conference. St. Paul, MN, March 2012.

Sleep Quality and Cognitive Impairment. (Visiting Professor) Mayo Clinic Department of Neurology. Rochester, MN, March 2012.

Why Aging Veterans May be at Risk for Dementia. Alzheimer's Association: Military Risk Factors for Alzheimer's Disease. Arlington, VA, May, 2012.

Objectively measured sleep and risk of dementia. Workshop on AD and Related Disorders. Napa, CA, July 2012.

Non-pharmacological Strategies for Prevention of Alzheimer's Disease. 22nd Annual Matthew & Marcia Simons Research Symposium on Alzheimer's Disease. Newton, MA, November 2012.

Long-term depressive symptom burden and risk of cognitive decline and dementia among very old women. American Association for Geriatric Psychiatry, Los Angeles, CA, March 2013.

Lifestyle interventions for dementia and its prevention. (John Mackey Award Lecture). 19th Annual Update on Alzheimer's and Related Dementias: Defining the Standard of Care. Baltimore, MD, April 2013.

Projecting the Effect of Dementia Risk Factor Reduction on Alzheimer's Disease Prevalence. Translation of Available Scientific Evidence into Primary Prevention of Alzheimer's Disease and Cognitive Aging. New York, NY, April 2013.

The Long-term Course and Effects of Depressive Symptoms in Older Women. American Association for Geriatric Psychiatry Annual Meeting. Orlando, FL, March 2014.

Modifiable Risk Factors for Cognitive Aging: Lessons Learned (Distinguished Scientist Award). American Association for Geriatric Psychiatry Annual Meeting. Orlando, FL, March 2014.

Prevention: An Overview. Alzheimer's Disease and Related Dementias: Updates in Prevention, Treatment and Innovative Care. San Diego, CA, May 2014.

Lifestyle Interventions. Alzheimer's Disease and Related Dementias: Updates in Prevention, Treatment and Innovative Care. San Diego, CA, May 2014.

Long-Term Effects of Traumatic Brain Injury. The Brain at War Conference. San Francisco, CA, October 2014.

<u>Regional</u>

Epilepsy and Pregnancy. UCSF Department of Neurology Grand Rounds, San Francisco, CA, 1993.

Current Topics in Epilepsy. Northern California Epilepsy Society, San Francisco, CA, 1993.

Apolipoprotein E and Dementia. UCSF Department of Psychiatry Grand Rounds, San Francisco, CA, October 1996.

Endogenous and Exogenous Estrogen in Postmenopausal Women: Effects on Cognition and Dementia. Columbia University Sergievsky Center Seminar. New York, NY, February 1997.

Prevention and Treatment of Alzheimer's Disease. The UCSF National Center of Excellence in Women's Health Symposium, "Alzheimer's Disease and Women: From the Bench to the Bedside and Beyond," San Francisco, CA, March 1998.

Estrogen, Cognition and Dementia. UCSF Department of Neurology Grand Rounds, San Francisco, CA, November 1998.

Women's Health Research. UC Davis Women's Health Conference, Davis, CA, November 1998.

Estrogen and Dementia. Pharmacotherapy for Perimenopausal and Menopausal Women, San Francisco, CA, September 1999.

Estrogen and Apolipoprotein E: Evidence of Gene-Environment Interaction. Northern California Epidemiology Conference, San Francisco, CA, November 1999.

Psychiatry and Neurology: Neural Notations. Department of Psychology, University California, Santa Cruz, CA, April 2000.

Estrogens, SERMS and Dementia. Grand Rounds, UCSF Department of Obstetrics and Gynecology, San Francisco, CA, December 2000.

Estrogens, SERMS and Cognition in Older Women: What is the Evidence? Updates in Obstetrics and Gynecology, UCSF Continuing Medical Education Program, San Francisco, CA, October 2001.

Geriatrics Update: Treatment and Prevention of Alzheimer's Disease. UCSF Psychiatry for Primary Care CME Course, San Francisco, CA, April 2002.

Prevention of Dementia. UCSF Geriatrics for Primary Care CME Course, San Francisco, CA, May 2002.

UCSF Geriatric Psychiatry CME Course, San Francisco, CA, 2004.

Diagnosis of Dementia. UCSF Geriatric Psychiatry CME Course, San Francisco, CA, September 2005.

Updates on Treatment of Dementia. UCSF Women's Health CME Course, San Francisco, CA, October, 2006.

Bridging Cultures: Improving Evaluation and Treatment of Cognitive Disorders. UCSF Geriatric Psychiatry CME Course, San Francisco, CA, April 2008.

Telomere Length and Cognitive Function in Community-Dwelling Elders: Findings from the Health ABC Study (Best Oral Presentation Award). Bay Area Clinical Research Symposium, San Francisco, CA, October 2008.

The Metabolic Syndrome and Cognitive Impairment. Bay Area Clinical Research Symposium, Novato, CA, June 2009.

Prevention of dementia: What looks promising? UCSF Department of Psychiatry Grand Rounds, San Francisco, CA, May 2010.

Research Talk. San Francisco VA Medical Center, San Francisco, CA, March 2011.

Prevention of Dementia in 2011. UCSF Department of Internal Medicine Grand Rounds, San Francisco, CA, March 2011.

Prevention and Treatment of Dementia. UCSF Department of Internal Medicine CME Course, San Francisco, CA, October 2011.

Late-life Psychiatric Disease as a Risk Factor for Neurodegenerative Disease. Northern California Psychiatric Society and UCSF Memory and Aging Center CME Course, San Francisco, CA, November 2011.

Cognitive Function and Dementia in Older Women. (Keynote Address). UC Davis Women's Health Conference. Napa, CA, June 2012.

Diagnosis and Prevention of Alzheimer's Disease. Genetech. South San Francisco, CA, March 2013.

Early adult risk factors for cognitive impairment. UCSF Memory and Aging Center Grand Rounds. July, 2013.

Optimizing Cognitive Aging. UCSF Academic Senate Annual Faculty Research Award in Clinical Science. October, 2013.

Strategies for Prevention of Cognitive Aging. Stanford University Department of Neurology Grand Rounds. March, 2014.

Lifestyle Risk Factors for Dementia Prevention. Stanford University Department of Psychiatry and Behavioral Sciences Grand Rounds. September, 2014.

Recent Most Significant Publications *(Dr. Yaffe's role in italics)*

Yaffe K, Vittinghoff E, Lindquist K, Barnes DE, Covinsky KE, Neylan T, Kluse M, Marmar C. Post-traumatic stress disorder and risk of dementia among U.S. Veterans. Archives of General Psychiatry. 2010; 67(6):608-613. *I designed the study, obtained funding, analyzed the data, and wrote the manuscript.*

Yaffe K, Weston A, Graff-Radford NR, Satterfield S, Simonsick EM, Younkin SG, Younkin LH, Kuller L, Ayonayon HN, Ding J, Harris TB. Association of plasma beta-amyloid level and cognitive reserve with subsequent cognitive decline. JAMA. 2011; 305(3):261-266. *I designed the study, obtained grant funding, analyzed the data, prepared the data presentation and wrote the manuscript.*

Yaffe K, Laffan AM, Litwack Harrison S, Redline S, Spira AP, Ensrud KE, Ancoli-Israel S, Stone KL. Sleep disordered breathing, hypoxia, and risk of mild cognitive impairment & dementia in older

women. JAMA. 2011; 306(6):613-9. *I designed the study, obtained grant funding, analyzed the data, prepared the data presentation and wrote the manuscript.*

Barnes DE, **Yaffe K**. The Projected Impact of Risk Factor Reduction on Alzheimer's Disease Prevalence. The Lancet Neurology. 2011; 10(9):819-28. *I co-designed and led the study with Dr. Barnes, including obtaining grant funding, data analysis, and writing the manuscript.*

Larson EB, **Yaffe K**, Langa KM. New Insights into the Dementia Epidemic. New England Journal of Medicine. 2013; 369(24):2275-7. *I co-designed and co-wrote this manuscript*.

PEER REVIEWED PUBLICATIONS
Cited over ***300, **200, *100 times. Dr. Yaffe's h-index is 85.

1. Papiernik E, Bouyer J, **Yaffe K**, Winisdorffer G, Colin D, Dreyfus J. Women's acceptance of a preterm birth prevention program. American Journal of Obstetrics and Gynecology. 1986; 155(5):939-46.

2. ***Yaffe K**, Lowenstein, D. Prognostic factors of pentobarbital therapy for refractory generalized status epilepticus. Neurology. 1993; 43(5):895-99.

3. ***Yaffe K**, Ferriero D, Barkovich J, Rowley H. Reversible MRI abnormalities following seizures. Neurology. 1995; 45(1):104-108.

4. ***Yaffe K**, Cauley J, Sands L, Browner W. Apolipoprotein E phenotype and cognitive decline in a prospective study of elderly community women. Archives of Neurology. 1997; 54(9):1110-1114.

5. ****Yaffe K**, Sawaya G, Lieberburg I, Grady D. Estrogen therapy in postmenopausal women: Effects on cognitive function and dementia. JAMA. 1998; 279(9):688-695.

6. ***Yaffe K**, Ettinger B, Pressman A, Seeley D, Whooley M, Schaefer C, Cummings S. Neuropsychiatric function and Dehydroepiandrosterone Sulfate in elderly women: A prospective study. Biological Psychiatry. 1998; 43(9):694-700.

7. ***Yaffe K**, Grady D, Pressman A, Cummings S. Serum Estrogen levels, cognitive performance, and risk of cognitive decline in older community women. Journal of the American Geriatrics Society. 1998; 46(7):816-821.

8. Dwyer E, Arean P, **Yaffe K**, Callahan C. Minor depression in the elderly. Journal of Clinical Outcomes Management. 1999; 6(2):41-51.

9. *Matthews K, Cauley J, **Yaffe K**, Zmuda J. Estrogen replacement therapy and cognitive decline in older community women. Journal of the American Geriatrics Society. 1999; 47(5):518-23.

10. ***Yaffe K**, Blackwell T, Gore R, Sands L, Reus V, Browner W. Depressive Symptoms and Cognitive decline in nondemented elderly women: A prospective study. Archives of General Psychiatry. 1999; 56(5):425-30.

11. Cauley J, Zmuda J, **Yaffe K**, Kuller L, Ferrell R, Wisniewski S, Cummings S. Apolipoprotein E polymorphism: A new genetic marker of hip fracture risk--The Study of Osteoporotic Fractures. Journal of Bone Mineral Research. 1999; 14(7):1175-1181.

12. Stoltz C, Baime M, **Yaffe K.** Depression in the patient with Rheumatologic Disease. Rheumatological Disease Clinics of North America. 1999; 25(3):687-702.

13. **Yaffe K**, Browner W, Cauley J, Launer L, Harris T. Association between bone mineral density and cognitive decline in older women. Journal of the American Geriatrics Society. 1999; 47(10):1176-82.

14. **Gregg E, **Yaffe K**, Cauley J, Rolka D, Blackwell T, Narayan K, Cummings S. Is Diabetes associated with cognitive impairment and cognitive decline among older women? Archives of Internal Medicine. 2000; 160(2):174-180.

15. ****Yaffe K**, Haan M, Byers A, Tangen C, Kuller L. Estrogen use, APOE, and cognitive decline: Evidence of gene-environment interaction. Neurology. 2000; 54(10):1949-1954.

16. **Covinsky K, Fuller J, **Yaffe K**, Johnston C, Hamel M, Lynn J, Teno J, Phillips R. Communication and decision-making in seriously ill patients: Findings of the SUPPORT Project. Journal of the American Geriatrics Society. 2000; 48 (5 Suppl):S187-193.

17. Kusdra L, Rempel H, **Yaffe K,** Pulliam L. Elevation of CD69+ monocyte/macrophages in patients with Alzheimer's Disease. Immunobiology. 2000; 202(1):26-33.

18. ****Yaffe K**, Lui L, Grady, D, Cauley J, Kramer J, Cummings SR. Cognitive decline in women in relation to non-protein-bound oestradiol concentrations. Lancet. 2000; 356(9231):708-12.

19. **Yaffe K** and Gregg E. Diabetes Mellitus, cognitive function and risk of Dementia in older adults. Harrison's Principles of Internal Medicine Concise Reviews. 2000; 160:174-180.

20. ****Yaffe K,** Krueger K, Sarkar S, Grady D, Barrett-Connor E, Cox D, Nickelsen T. Cognitive function in postmenopausal women treated with raloxifene. New England Journal of Medicine. 2001; 344(6):1207-1213.

21. *****Yaffe K**, Barnes D, Nevitt M, Lui L, Covinsky K. A prospective study of physical activity and cognitive decline in elderly women: women who walk. Archives of Internal Medicine. 2001; 161(14):1703-1708.

22. **Du A, Schuff N, Amend D, Laakso D, Hsu Y, Jagust W, **Yaffe K**, Kramer J, Reed B, Norman D, Chui H, Weiner M. Magnetic resonance imaging of entorhinal cortex and hippocampus in Mild Cognitive Impairment and Alzheimer's Disease. Journal of Neurology, Neurosurgery and Psychiatry. 2001; 71(4):441-447.

23. Trinh N and **Yaffe K**. Epidemiology and treatment trials of Alzheimer's Disease. Drug Benefit Trends. 2001; 13:6BH-13BH.

24. Covinsky K, Eng C, Lui L, Sands L, Sehgal A, Walter L, Wieland D, Eleazer G, **Yaffe K**. Reduced employment in caregivers of frail elders: Impact of ethnicity, patient clinical characteristics, and caregiver characteristics. Journals of Gerontology Series A: Biological Sciences and Medical Sciences. 2001; 56(11):M707-713.

25. **Yaffe K.** Estrogens, selective estrogen receptor modulators and dementia: What is the evidence? Annals of the New York Academy of Sciences. 2001; 949:215-222.

26. ****Yaffe K**, Barrett-Connor E, Lin F, Grady D. Serum lipoprotein levels, statin use and cognitive function in older women. Archives of Neurology. 2002; 59(3):378-384.

27. Schuff N, Capizzano A, Du A, Amend, O'Neill J, Norman D, Kramer J, Jagust W, Miller B, Wolkowitz O, **Yaffe K**, Weiner M. Selective reduction of N-acetylaspartate in medial temporal and parietal lobes in AD. Neurology. 2002; 58(6):928-935.

28. **Yaffe K**, L Lui, Grady D, Stone K, Morin P. Estrogen receptor 1 polymorphisms and risk of cognitive impairment in older women. Biological Psychiatry. 2002; 51(8):677-682.

29. *****Yaffe K**, Fox P, Newcomer R, Sands L, Lindquist K, Dane K, Covinsky K. Patient and caregiver characteristics and nursing home placement in patients with dementia**.** JAMA. 2002; 287(6):2090-2097.

30. ****Yaffe K**, Lui L, Zmuda J, Cauley J. Sex hormones and cognitive function in older men. Journal of the American Geriatrics Society. 2002; 50(4):707-712.

31. Du A, Schuff N, Laakso D, Zhu X, Jagust W, **Yaffe K**, Kramer J, Miller B, Reed B, Norman D, Chui H, Weiner M. Effects of subcortical ischemic vascular dementia and AD on entorhinal cortex and hippocampus. Neurology. 2002; 58(11):1635-1641.

32. Hogervorst E, **Yaffe K**, Richards M, Huppert F. Hormone replacement therapy to maintain cognitive function in women with dementia (Cochrane Review). Cochrane Database of Systematic Reviews. 2002; (3):CD003799.

33. *Mehta K, **Yaffe K**, Covinsky K. Cognitive impairment, depressive symptoms and functional decline in older people. Journal of the American Geriatrics Society. 2002; 50(6):1045-1050.

34. Sands L, **Yaffe K**, Lui L, Stewart A, Eng K, Covinsky K. The effect of acute illness on ADL decline over 1 year in frail older adults with and without cognitive impairment. Journals of Gerontology Series A: Biological Sciences and Medical Sciences. 2002; 57(7):M449-454.

35. Hogervorst E, **Yaffe K,** Richards M, Huppert F. Hormone replacement therapy for cognitive function in postmenopausal women (Cochrane Review). Cochrane Database of Systematic Reviews. 2002; (3):CD003122.

36. **Grady D, **Yaffe K**, Kristof M, Lin F, Richards C, Barrett-Connor E. Effect of postmenopausal hormone therapy on cognitive function: The Heart and Estrogen/Progestin Replacement Study. American Journal of Medicine. 2002; 113(7):543-548.

37. **Trinh N, Hoblyn J, Mohanty S, **Yaffe K**. Efficacy of cholinesterase inhibitors in the treatment of neuropsychiatric symptoms and functional impairment in Alzheimer's Disease: A Meta-Analysis. JAMA 2003; 289(2):210-216.

38. Lui L, Stone K, Cauley J, Hillier T, **Yaffe K**. Bone loss predicts subsequent cognitive decline in older women: the Study of Osteoporotic Fractures. Journal of the American Geriatrics Society: 2003; 51(1):38-43.

39. Kramer J, **Yaffe K**., Legenfelder J, Dellis D. Age and gender interactions on verbal memory performance. Journal of the International Neuropsychological Society 2003; 9(1):97-102.

40. *Sands L, **Yaffe K**, Covinsky K, Chren M, Counsell S, Palmer R, Fortinsky R, Landefeld S. Cognitive screening predicts magnitude of functional recovery from admission to 3 months after discharge in hospitalized elders. Journals of Gerontology Series A: Biological Sciences and Medical Sciences. 2003; 58(1):37-45

41. Du A, Schuff N, Zhu X, Jagust W, Miller B, Reed B, Kramer J, Mungas D, **Yaffe K**, Chui H, Weiner M. Atrophy rates of entorhinal cortex in AD and normal aging. Neurology 2003; 60(3):481-486.

42. *Mehta K, Simonsick E, Penninx B, Schulz R, Rubin S, Satterfield S, **Yaffe K**. Prevalence and correlates of anxiety symptoms in well-functioning older adults: findings from the Health, Aging and Body Composition Study. Journal of the American Geriatrics Society 2003; 51(4):499-504.

43. *Covinsky K, Eng C, Lui L, Sands L, **Yaffe K**. The last 2 years of life: functional trajectories of frail older people. Journal of the American Geriatrics Society 2003; 51(4):492-498.

44. **Barnes D, **Yaffe K**, Satariano W, Tager I. A longitudinal study of cardiorespiratory fitness and cognitive function in healthy older adults. Journal of the American Geriatrics Society. 2003; 51(4):459-465.

45. Whitmer RA, Haan MN, Miller J, **Yaffe K.** Hormone replacement therapy and cognitive performance: the role of homocysteine. Journals of Gerontology Series A: Biological Sciences and Medical Sciences. 2003; 58(4):M324-M330.

46. Wolkowitz O, Kramer J, Reus V, Costa M, **Yaffe K**, Walton P, Raskind M, Peskind E, Newhouse P, Sack D, De Souza E, Sadowsky C, Roberts E. DHEA treatment of Alzheimer's Disease: a randomized, double-blind, placebo-controlled study. Neurology. 2003; 60(7):1071-76.

47. Mehta K, **Yaffe K**, Langa K, Sands L, Whooley M, Covinsky K. Additive Effects of Cognitive function and depressive symptoms on mortality in elderly community-living adults. Journals of Gerontology Series A: Biological Sciences and Medical Sciences. 2003; 58(5):M461-467.

48. Newcomer R, Covinsky K, Clay T, **Yaffe K**. Predicting 12-month mortality for persons with dementia. Journals of Gerontology Series B: Psychological Sciences and Social Sciences. 2003; 58(3):S187-198.

49. Barton C, Miller B, **Yaffe K.** Evaluation of the diagnosis and management of cognitive impairment in long-term care. Journal of Alzheimer Disease and Associated Disorders. 2003; 17(2):72-76.

50. ****Yaffe K**, Lindquist K, Penninx B, Simonsick E, Pahor M, Kritchevsky S, Launer L, Kuller L, Rubin S, Harris T. Inflammatory markers and cognition in well-functioning African-American and white elders. Neurology. 2003; 61(1):76-80.

51. Schuff N, Capizzano A, Du A, Amend D, O'Neill J, Norman D, Jagust W, Chui H, Kramer J, Reed B, Miller B, **Yaffe K**, Weiner M. Different patterns of N-acetylaspartate loss in subcortical ischemic vascular dementia and AD. Neurology. 2003; 61(3):358-364.

52. Grundman M, Jack C, Petersen R, Kim H, Taylor C, Datvian M, Weiner M, DeCarli C, DeKosky S, van Dyck C, Darvesh S, **Yaffe K**, Kaye J, Ferris S, Thomas R, Thal L. Hippocampal volume is associated with memory but not nonmemory cognitive performance in patients with mild cognitive impairment. Journal of Molecular Neuroscience. 2003; 20(3):241-8.

53. **Yaffe K**, Edwards E, Covinsky K, Lui L, Eng C. Depressive symptoms and risk of mortality in frail, community-living elderly persons. American Journal of Geriatric Psychiatry. 2003; 11(5):561-567.

54. **Penninx B, Kritchevsky S, **Yaffe K**, Newman A, Simonsick E, Rubin S, Ferrucci L, Harris T. Pahor M. Inflammatory markers and depressed mood in older persons: results from the Health, Aging and Body Composition Study. Biological Psychiatry. 2003; 54(5):566-572.

55. **Yaffe K**, Edwards E, Lui L, Zmuda J, Ferrell R, Cauley J. Androgen receptor CAG repeat polymorphism is associated with cognitive function in older men. Biological Psychiatry. 2003; 54(9):943-946.

56. **Covinsky K, Newcomer R, Fox P, Wood J, Sands L, Dane K, **Yaffe K**. Patient and caregiver characteristics associated with depression in caregivers of patients with dementia. Journal of General Internal Medicine. 2003; 18(12):1006-1014.

57. Du A, Schuff N, Kramer J, Ganzer S, Zhu X, Jagust W, Miller B, Reed B, Mungas D, **Yaffe K**, Chui H, Weiner M. Higher atrophy rate of entorhinal cortex than hippocampus in AD. Neurology. 2004; 62(3):422-27.

58. Bushnell C, Newby L, Goldstein L, Lin F, **Yaffe K**, Simon J. Statin use and stroke outcomes in the Heart and Estrogen-Progestin Replacement Study (HERS). Neurology. 2004; 62(6):968-970.

59. **Brach J, Simonsick E, Kritchevsky S, **Yaffe K**, Newman A. Lifestyle Activity and Exercise: The association between physical function and lifestyle activity and exercise in the

Health, Aging and Body Composition Study. Journal of the American Geriatrics Society. 2004; 52(4):502-509.

60. Barnes D, Tager I, Satariano W, **Yaffe K.** The relationship between literacy and cognition in well-educated elders. Journals of Gerontology Series A: Biological Sciences and Medical Sciences. 2004; 59(4):M390-395.

61. *Sands L, Ferreira P, Stewart A, Brod M, **Yaffe K**. What explains differences between dementia patients' and their caregivers' ratings of patients' quality of life? American Journal of Geriatric Psychiatry. 2004; 12(3):272-280.

62. Edwards E, Lindquist K, **Yaffe K**. Clinical profile and course of cognitively normal patients evaluated in memory disorders clinics. Neurology. 2004; 62(9):1639-1642.

63. Kurella M, Ireland C, Hlatky M, Shlipak M, **Yaffe K**, Hulley S, Chertow G. Physical and sexual function in women with chronic kidney disease. American Journal of Kidney Diseases. 2004; 43(5):868-876.

64. Trinh N and **Yaffe K**. Alzheimer's Disease: incidence, research and treatment. Drug Benefit Trends. 2004; 16 (Supplement A):27-35.

65. *Kanaya A, Barrett-Connor E, Gildengorin G, **Yaffe K**. Change in cognitive function by glucose tolerance status in older adults: a 4-year prospective study of the Rancho Bernardo Study Cohort. Archives of Internal Medicine. 2004; 164(12):1327-1333.

66. Sink K, Covinsky K, Newcomer R, **Yaffe K**. Ethnic differences in the prevalence and pattern of dementia-related behaviors. Journal of the American Geriatrics Society. 2004; 52(8):1277-1283.

67. ***Yaffe K**, Blackwell T, Kanaya A, Davidowitz N, Barrett-Connor E, Krueger K. Diabetes, impaired fasting glucose, and development of cognitive impairment in older women. Neurology. 2004; 63(4):658-663.

68. *Rosano C, Simonsick E, Harris T, Kritchevsky S, Brach J, Visser M, **Yaffe K**, Newman A. Association between physical and cognitive function in healthy elderly: The Health, Aging and Body Composition Study. Neuroepidemiology. 2004; 24(1-2):8-14.

69. Ezekiel F, Chao L, Kornak J, Du A, Cardenas V, Truran D, Jagust W, Chui H, Miller B, **Yaffe K**, Schuff N, Weiner M. Comparisons between global and focal brain atrophy rates in normal aging and Alzheimer Disease: Boundary Shift Integral versus tracing of the entorhinal cortex and hippocampus. Alzheimer Disease & Associated Disorders. 2004; 18(4):196-201.

70. Modelska K, Litwack S, Ewing S, **Yaffe K.** Endogenous estrogen levels affect sexual function in elderly post-menopausal women. Maturitas. 2004; 49(2):124-133

71. ***Yaffe K**, Kanaya A, Lindquist, K, Simonsick E, Harris T, Shorr R, Tylavsky F, Newman A. The metabolic syndrome, inflammation and risk of cognitive decline. JAMA. 2004; 292(18):2237-2242.

72. *Kurella M, Chertow G, Luan J, **Yaffe K**. Cognitive impairment in chronic kidney disease. Journal of the American Geriatrics Society. 2004; 52(11):1863-1869.

73. **Yaffe K**, Clemons T, McBee W, Linblad A for the AREDS Study Research Group. Impact of antioxidants, zinc, and copper on cognition in the elderly: a randomized, controlled trial. Neurology. 2004; 63(9):1705-1707.

74. *Lin M, Gutierrez P, Stone K, **Yaffe K**, Ensrud K, Fink H, Sarkisian C, Coleman A, Mangione C. Vision impairment and combined vision and hearing impairment predict cognitive and functional decline in older women. Journal of the American Geriatrics Society. 2004; 52(12):1996-2002.

75. Mehta K, Simonsick E, Rooks R, Newman A, Pope S, Rubin S. **Yaffe K**. Black and white differences in cognitive function test scores: what explains the difference? Journal of the American Geriatrics Society. 2004; 52(12):2120-2127.

76. Kurella M, Luan J, **Yaffe K,** Chertow G. Validation of the Kidney Disease Quality of Life (KDQOL) cognitive function subscale. Kidney International. 2004; 66(6):2361-2367.

77. **Otte C, Hart S, Neylan T, Marmar C, **Yaffe K**, Mohr D. A meta-analysis of cortisol response to challenge in human aging: importance of gender. Psychoneuroendocrinology. 2005; 30(1):80-91.

78. **Whitmer R, Sydney S, Selby J, Johnston SC, **Yaffe K**. Midlife cardiovascular risk factors and risk of dementia in late life. Neurology. 2005; 64(2):277-281.

79. Chao L, Schuff N, Kramer J, Du A, Capizanno A, O'Neill J, Wolkowitz O, Jagust W, Chui H, Miller B, **Yaffe K**, Weiner M. Reduced medial temporal lobe N-acetylaspartate in cognitively impaired but nondemented patients. Neurology. 2005; 64(2):282-289.

80. **Sink K, Holden K, **Yaffe K**. Pharmacological treatment of neuropsychiatric symptoms of dementia: A Review of the Evidence. JAMA. 2005; 293(5):596-608.

81. *Kurella M, **Yaffe K**, Shlipak M, Wenger N, Chertow G. Chronic kidney disease and cognitive impairment in menopausal women. American Journal of Kidney Disease. 2005; 45(1):66-76.

82. ***Yaffe K**, Kreuger K, Cummings S, Blackwell T, Henderson V, Sarkar S, Ensrud K, Grady D. Effect of raloxifene on prevention of dementia and cognitive impairment in older women: the Multiple Outcomes of Raloxifene Evaluation (MORE) randomized trial. American Journal of Psychiatry. 2005; 162(4):683-690.

83. Elkins JS, Knopman D, **Yaffe K**, Johnston SC. Cognitive function predicts first-time stroke and heart disease. Neurology. 2005; 64(10):1750-1755.

84. *Kurella M, Chertow G, Fried LF, Cummings S, Harris T, Simonsick E, Satterfield S, Ayonayon H, **Yaffe K**. Chronic kidney disease and cognitive impairment in the elderly: the

Health, Aging, and Body Composition Study. Journal American Society for Nephrology. 2005; 16(7):2127-2133.

85. ***Whitmer R, Gunderson E, Barrett-Connor E, Quesenberry C, **Yaffe K**. Obesity in middle age and future risk of dementia: a 27 year longitudinal population based study. British Medical Journal. 2005; 330(7504):1360-1364.

86. Koster A, Penninx B, Bosma H, Kempen G, Newman A, Rubin S, Satterfield S, Atkinson H, Ayonayon H, Rosano C, **Yaffe K**, Harris T, Rooks R, Van Eijk J, Kritchevsky S. Socio-economic differences in cognitive decline and the role of biomedical factors. Annals of Epidemiology. 2005; 15(8):564-571.

87. Elkins J, **Yaffe K**, Cauley J, Fink H, Hillier T, Johnston SC. Pre-existing hypertension and the impact of stroke on cognitive function. Annals of Neurology. 2005; 58(1):68-74.

88. Mehta K, Yin M, Resendez C, **Yaffe K**. Ethnic differences in acetylcholinesterase inhibitor use for Alzheimer Disease. Neurology. 2005; 65(1):159-162.

89. Roberson E, Hesse J, Rose K, Slama H, Johnson J, **Yaffe K**, Forman MS, Miller C, Trojanowski J, Kramer J, Miller B. Frontotemporal dementia progresses to death faster than Alzheimer Disease. Neurology. 2005; 65(5):719-725.

90. Sands LP, Landefeld SC, Ayers SM, **Yaffe K**, Palmer R, Fortinsky R, Counsell SR, Covinsky KE. Disparities between black and white patients in functional improvement after hospitalization for an acute illness. Journal of the American Geriatrics Society. 2005; 53(10):1811-1816.

91. Newcomer R, Clay T, **Yaffe K**, Covinsky K. Mortality risk and prospective medicare expenditures for persons with dementia. Journal of the American Geriatrics Society. 2005; 53(10):2001-2006.

92. *Lu P, Masterman D, Mulnard R, Cotman C, Miller B, **Yaffe K**, Reback E, Porter V, Swerdloff R, Cummings J. Effects of testosterone on cognition and mood in male patients with Alzheimer's Disease and healthy elderly men. Archives of Neurology. 2006; 63(2):177-185.

93. Barton C, Miller B, **Yaffe K**. Improved evaluation and management of cognitive impairment: results of a comprehensive intervention in long-term care. Journal of the American Medical Directors Association. 2006; 7(2):84-89.

94. *Hendrie H, Albert M, Butters M, Gao S, Knopman D, Launer L, **Yaffe K**, Cuthbert B, Edwards E, Wagster M. The NIH Cognitive and Emotional Health Project: Report of the Critical Evaluation Study Committee. Alzheimer's and Dementia. 2006; 2(1):29-49.

95. **Barnes D, Alexopolous G, Lopez O, Williamsen J, **Yaffe K**. Depressive symptoms, vascular disease, and mild cognitive impairment: findings from the Cardiovascular Health Study. Archives of General Psychiatry. 2006; 63(3):273-279.

96. *Blackwell T, **Yaffe K,** Ancoli-Israel S, Schneider J, Cauley J, Fink H, Hillier T, Stone K. Poor sleep is associated with impaired cognitive function in older women: The SOF Study. Journals of Gerontology Series A: Medical Sciences. 2006; 61(4):405-410.

97. Pope S, Kritchevsky S, Ambrosone C, **Yaffe K**, Tylevsky F, Simonsick E, Rosano C, Stewart S, Harris T. Myeloperoxidase polymorphism and cognitive decline in older adults in the Health, Aging, and Body Composition Study. American Journal of Epidemiology. 2006; 163(12):1084-1090.

98. *Sink K, Covinsky K, Barnes D, Newcomer R, **Yaffe K.** Caregiver characteristics are associated with neuropsychiatric symptoms of dementia. Journal of the American Geriatrics Society. 2006; 54(4):796-803.

99. *Sudore R, Mehta K, Simonsick E, Harris T, Newman A, Satterfield S, Rosano C, Rooks R, Rubin S, Ayonayon H, **Yaffe K**. Limited literacy in the elderly and disparities in health and healthcare access. Journal of the American Geriatrics Society. 2006; 54(5):770-776.

100. Hou C, **Yaffe K**, Perez-Stable E, Miller B. Frequency of dementia etiologies in four ethnic groups. Dementia and Geriatric Cognitive Disorders. 2006; 22(1):42-47.

101. *Lykestos CG, Colenda CC, Beck C, Blank K, Doraiswamy MP, Kalunian DA, **Yaffe K**. Position statement of the American Association for Geriatric Psychiatry regarding principles of care for patients with dementia resulting from Alzheimer disease. American Journal of Geriatric Psychiatry. 2006; 14(7):561-572.

102. **Yaffe K,** Vittinghoff E, Ensrud K, Johnson K, Diem S, Hanes V, Grady D. Effects of Ultra Low-dose Transdermal Estradiol on Cognition and Health-Related Quality of Life. Archives of Neurology. 2006; 63(7):945-950.

103. **Yaffe K**, Blackwell T, Whitmer R, Kreuger K, Barrett-Connor E. Glycosylated hemoglobin level and risk of cognitive impairment or dementia in older women. Journal of Nutrition, Health and Aging. 2006; 10(4):292-295.

104. Shorr R, de Renkeniere N, Resnick H, **Yaffe K,** Somes G, Kanaya A, Simonsick E, Newman A, Harris T. Glycemia and cognitive function in older adults using glucose lowering drugs. Journal of Nutrition, Health and Aging. 2006; 10(4):297-301.

105. Whitmer R and **Yaffe K**. Obesity and Dementia: A Special Report. Aging Health. 2006; 2(4):571-578.

106. **Sudore R, **Yaffe K**, Satterfield S, Harris T, Mehta K, Simonsick E, , Newman A, Rosano C, Rooks R, Rubin S, Ayonayon H, Schillinger D. Limited literacy and mortality in the elderly: The Health, Aging and Body Composition Study. Journal of General Internal Medicine. 2006; 21(8):806-812.

107. ***Yaffe K**, Petersen RC, Lindquist K, Kramer J, Miller B. Subtype of mild cognitive impairment and progression to dementia and death. Dementia and Geriatric Cognitive Disorders. 2006; 22(4):312-319.

108. *Kramer J, Nelson A, Johnson J, **Yaffe K**, Glenn S, Rosen H, Miller B. Multiple cognitive deficits in amnestic MCI. Dementia and Geriatric Cognitive Disorders. 2006; 22(4):306-311.

109. Elkins J, Whitmer R, Sidney S, Sorel M, **Yaffe K**, Johnston S. Midlife obesity and long-term risk of nursing home admission. Obesity Research. 2006; 14(8):1472-1478.

110. Ensrud KE, Blackwell TL, Ancoli-Israel S, Redline S, **Yaffe K**, Diem S, Claman D, Stone KL. Use of selective serotonin reuptake inhibitors and sleep disturbances in community-dwelling older women. Journal of the American Geriatrics Society. 2006; 54(10):1508-1515.

111. **Yaffe K,** Barnes D, Lindquist K, Cauley J, Penninx B, Simonsick E, Harris T, Cummings S. Endogenous sex hormone levels and risk of cognitive decline in an older biracial cohort: findings from the Health ABC Cognitive Vitality Study. Neurobiology of Aging. 2007; 28(2): 171-178.

112. Barnes D, Whitmer R, **Yaffe K.** Physical activity and dementia: The need for prevention trials. Exercise and Sports Science Reviews. 2007; 35(1):24-29.

113. Mehta K, **Yaffe K**, Brenes G, Newman A, Shorr R, Simonsick E, Ayonayon H, Rubin S, Covinsky K. Anxiety symptoms and decline in physical function over 5 years in the Health, Aging and Body Composition Study. Journal of the American Geriatrics Society. 2007; 55(2): 265-270.

114. Brenes GA, Kritchevsky SB, Mehta KM, **Yaffe K**, Simonsick EM, Ayonayon HN, Rosano C, Rubin SM, Satterfield S, Penninx BW. Scared to death: results from the Health, Aging, and Body Composition Study. American Journal of Geriatric Psychiatry. 2007; 15(3):262-265.

115. Barnes D, Cauley J, Stone K, Lui L, Fink H, **Yaffe K.** Women who maintain optimal cognitive function into old age. Journal of the American Geriatrics Society. 2007; 55(2):259-264.

116. Huang A, Brown J, Thom D, Fink H, **Yaffe K**. Urinary incontinence in older, community-dwelling women: the role of cognitive and physical function decline. Obstetrics and Gynecology. 2007; 109(4):909-916.

117. **Yaffe K.** Metabolic syndrome and cognitive decline. Current Alzheimer Disease Research. 2007; 4(2):123-126.

118. *Whitmer RA, Gunderson EP, Quesenberry CP Jr, Zhou J, **Yaffe K.** Body mass index in midlife and risk of Alzheimer disease and vascular dementia. Current Alzheimer Disease Research. 2007; 4(2):103-109.

119. ***Yaffe K,** Haan M, Blackwell T, Cherkasova E, Whitmer RA, West N. Metabolic syndrome and cognitive decline in elderly Latinos: findings from the SALSA Study. Journal of the American Geriatrics Society. Journal of the American Geriatrics Society. 2007; 55(5):758-762.

120. *Zhang Y, Schuff N, Jahng GH, Bayne W, Mori S, Schad L, Mueller S, Du AT, Kramer JH, **Yaffe K**, Chui H, Jagust WJ, Miller BL, Weiner MW. Diffusion tensor imaging of cingulum fibers in mild cognitive impairment and Alzheimer disease. Neurology. 2007; 68(1):13-19.

121. Vogelzangs N, Beekman A, Kritchevsky S, Newman A, Pahor M, **Yaffe K**, Rubin S, Harris T, Satterfield S, Simonsick E, Penninx B. Psychosocial risk factors and the metabolic syndrome in elderly persons: findings from the Health, Aging and Body Composition Study. Journals of Gerontology Series A: Medical Sciences. 2007; 62(5):563-569.

122. Diem S, Blackwell T, Stone K, **Yaffe K**, Cauley J, Whooley M, Ensrud K. Depressive symptoms and rates of bone loss at the hip in older women. Journal of the American Geriatrics Society. 2007; 55(6):824-831.

123. ***Yaffe K**. Metabolic syndrome and cognitive disorders: is the sum greater than its parts? Alzheimer Disease and Associated Disorders. 2007; 21(2):167-171.

124. *Maraldi C, Volpato S, Penninx BW, **Yaffe K**, Simonsick EM, Strotmeyer ES, Cesari M, Kritchevsky SB, Perry S, Ayonayon HN, Pahor M. Diabetes mellitus, glycemic control, and incident depressive symptoms among 70- to 79-year-old persons: the Health, Aging, and Body Composition Study. Archives of Internal Medicine. 2007; 167(11):1137-1144.

125. **Diem SJ, Blackwell TL, Stone KL, **Yaffe K**, Haney EM, Bliziotes MM, Ensrud KE. Use of antidepressants and rates of hip bone loss in older women: the Study of Osteoporotic Fractures. Archives of Internal Medicine. 2007; 167(12):1240-1245.

126. **Yaffe K**, Blackwell T, Barnes D, Ancoli-Israel S, Stone K. Preclinical cognitive decline and subsequent sleep disturbance in older women. Neurology. 2007; 69(3):237-242.

127. *Atkinson HH, Rosano C, Simonsick EM, Williamson JD, Davis C, Ambrosius WT, Rapp SR, Cesari M, Newman AB, Harris TB, Rubin SM, **Yaffe K**, Satterfield S, Kritchevsky SB. Cognitive function, gait speed decline, and comorbidities: The Health, Aging and Body Composition Study. Journals of Gerontology Series A: Medical Sciences. 2007; 62(8):844-850.

128. Morsink LF, Vogelzangs N, Nicklas BJ, Beekman AT, Satterfield S, Rubin SM, **Yaffe K**, Simonsick E, Newman AB, Kritchevsky SB, Penninx BW. Associations between sex steroid hormone levels and depressive symptoms in elderly men and women: Results from the Health ABC Study. Psychoneuroendocrinology. 2007; 32(8-10):874-883.

129. Elkins JS, Claiborne SC, Ziv E, Kado DM, Cauley J, **Yaffe K**. Methylenetetrahydrofolate reductase C677T polymorphism and cognitive function in older women. American Journal of Epidemiology. 2007; 166(6):672-678.

130. Maki P, Gast M, Viewing A, Burris S, Kitner-Triolo M, **Yaffe K**. Hormone therapy in menopausal women with cognitive complaints: a randomized, double blind trial. Neurology. 2007; 69(13):1322-1330.

131. *Johnson J, Lui L-Y, **Yaffe, K**. Executive function, more than global cognition, predicts functional decline and mortality in elderly women. Journals of Gerontology Series A: Medical Sciences. 2007; 62(10):1134-1141.

132. *Dik M, Jonker C, Comijs H, Deeg D, Kok A, **Yaffe K**, Penninx B. Contribution of metabolic syndrome components to cognition in older persons. Diabetes Care. 2007; 30(10):2655-2660.

133. Tinklenberg JR, Kraemer HC, **Yaffe K**, Ross L, Sheikh J, Ashford JW, Yesavage JA, Taylor JL. Donepezil treatment and Alzheimer disease: can the results of randomized clinical trials be applied to Alzheimer disease patients in clinical practice? American Journal of Geriatric Psychiatry. 2007; 15(11):953-960.

134. Yende S, Angus DC, Ding J, Newman AB, Kellum JA, Li R, Ferrel RE, Zmuda J, Kritchevsky SB, Harris TB, Garcia M, **Yaffe K**, Wunderink RG. 4G/5G PAI-1 polymorphisms and haplotypes are associated with pneumonia. American Journal of Respiratory and Critical Care Medicine. 2007; 176(11):1129-1137.

135. **Yaffe K**, Kanaya A, Lindquist K, W.C. Hsueh, PhD, S.R. Cummings, B. Beamer, A. Newman, C. Rosano, R. Li, T. Harris. PPAR-gamma pro12Ala genotype and risk of cognitive decline in elders. Neurobiology of Aging. 2008; 29(1):78-83. PMC2233891.

136. Schaap LA, Pluijm SM, Deeg DJ, Penninx BW, Nicklas BJ, Lips P, Harris TB, Newman AB, Kritchevsky SB, Cauley JA, Goodpaster BH, Tylavsky FA, **Yaffe K**, Visser M. Low testosterone levels and decline in physical performance and muscle strength in older men: findings from two prospective cohort studies. Clinical Endocrinology. 2008; 68(1):42-50.

137. *Lethaby A, Hogervorst E, Richards M, Yesufu A, **Yaffe K**. Hormone replacement therapy for cognitive function in postmenopausal women. Cochrane Database of Systematic Reviews. 2008; (1):CD003122.

138. Huang, A, **Yaffe K**, Vittinghoff E, Kupperman M, Addis I, Hanes V, Quan J, Grady D. The effect of ultralow-dose transdermal estradiol on sexual function in postmenopausal women. American Journal of Obstetrics and Gynecology. 2008; 198(3):265.e1-7.

139. *Jeste DV, Blazer D, Casey D, Meeks T, Salzman C, Schneider L, Tariot P, **Yaffe K.** ACNP White Paper: update on use of antipsychotic drugs in elderly persons with dementia. Neuropsychopharmacology. 2008; 33(5): 957-970. PMC2553721.

140. Spira A, Blackwell T, Stone K, Redline S, Cauley J, Ancoli-Israel S, **Yaffe K**. Sleep-disordered breathing and cognition in older women. Journal of the American Geriatrics Society. 2008; 56(1):45-50.

141. Mehta KM, **Yaffe K,** Perez-Stable EJ, Stewart A, Barnes D, Kurland BF, Miller BL. Race/ethnic differences in AD survival in US Alzheimer's Disease Centers. Neurology. 2008; 70(14):1163-1170.

142. **Yaffe K**, Lindquist K, Shlipak M, Simonsick E, Fried L, Rosano C, Satterfield S, Atkinson H, Wyndam G, Tamura-Kurella M. Cystatin-C as a marker of cognitive function in elders:

findings from the Health ABC Study. Annals of Neurology. 2008; 63(6):798-802. PMC2584446.

143. Teng E, Ringman JM, Ross LK, Mulnard RA, Dick MB, Bartzokis G, Davies HD, Galasko D, Hewett L, Mungas D, Reed BR, Schneider LS, Segal-Gidan F, **Yaffe K**, Cummings JL; Alzheimer's Disease Research Centers of California-Depression in Alzheimer's Disease Investigators. Diagnosing depression in Alzheimer disease with the national institute of mental health provisional criteria. American Journal of Geriatric Psychiatry. 2008; 16(6):469-477.

144. Barnes D, Blackwell T, Stone K, Goldman S, Hillier T, **Yaffe K**. Cognition in older women: the importance of daytime movement. Journal of the American Geriatrics Society. 2008; 56(9):1658-1664. PMC2680379.

145. *Kurella Tamura M, Wadley V, **Yaffe K**, McClure LA, Howard G, Go R, Allman RM, Warnock DG, McClellan W. Kidney function and cognitive impairment in US adults: the Reasons for Geographic and Racial Differences in Stroke (REGARDS) Study. American Journal of Kidney Diseases. 2008; 52(2):227-234. PMC2593146.

146. Barton C, Sklenicka J, Sayegh P, Yin M, **Yaffe K.** Contraindicated medication use among patients in a memory disorders clinic. American Journal of Geriatric Pharmacotherapy. 2008; 6(3):147-152.

147. Mast BT, Miles T, Penninx BW, **Yaffe K**, Rosano C, Satterfield S, Ayonayon HN, Harris T, Simonsick EM. Vascular disease and future risk of depressive symptomatology in older adults: findings from the Health, Aging, and Body Composition study. Biological Psychiatry. 2008; 64 (4):320-326.

148. Slinin Y, Paudel ML, Ishani A, Taylor BC, **Yaffe K**, Murray AM, Fink HA, Orwoll ES, Cummings SR, Barrett-Connor E, Jassal S, Ensrud KE; for the Osteoporotic Fractures in Men Study Group. Kidney function and cognitive performance and decline in older men. Journal of the American Geriatrics Society. 2008; 56(11):2082-88.

149. *Whitmer RA, Gustafson D, Barrett-Connor E, Haan MN, Gunderson E, **Yaffe K**. Central obesity and increased risk of dementia more than three decades later. Neurology. 2008; 71(14):1057-1064.

150. *Patel SR, Blackwell T, Redline S, Ancoli-Israel S, Cauley JA, Hillier TA, Lewis CE, Orwoll ES Stefanick ML, Taylor BC, **Yaffe K**, Stone KL; Osteoporotic Fractures in Men Research Group; Study of Osteoporotic Fractures Research Group. The association between sleep duration and obesity in older adults. International Journal of Obesity. 2008; 32(12):1825-34. PMC2605208.

151. /8Vogelzangs N, Kritchevsky SB, Beekman AT, Newman AB, Satterfield S, Simonsick EM, **Yaffe K**, Harris TB, Penninx BW. Depressive symptoms and change in abdominal obesity in older persons. Archives of General Psychiatry. 2008; 65(12):1386-93.

152. Holden K, Lindquist K, Tylevsky F, Rosano C, Harris T, **Yaffe K**. Serum leptin level and cognition in the elderly: Findings from the Health ABC Study. Neurobiology of Aging. 2009; 30(9):1483-0.

153. Cauley JA, Lui LY, Barnes D, Ensrud KE, Zmuda JM, Hillier TA, Hochberg MC, Schwartz AV, **Yaffe K**, Cummings SR, Newman AB. Successful skeletal aging: a marker of low fracture risk and longevity. The Study of Osteoporotic Fractures (SOF). Journal of Bone and Mineral Research. 2009; 24(1):134-43. PMC2605163.

154. Hogervorst E, **Yaffe K**, Richards M, Huppert FA. Hormone replacement therapy to maintain cognitive function in women with dementia. Cochrane Database of Systematic Reviews. 2009; 21(1): CD003799.

155. Spira AP, Stone K, Beaudreau SA, Ancoli-Israel S, **Yaffe K**. Anxiety symptoms and objectively measured sleep quality in older women. The American Journal of Geriatric Psychiatry. 2009; 17(2):136-43. PMC2715173.

156. Edwards ER, Spira AP, Barnes DE, **Yaffe K**. Neuropsychiatric symptoms in mild cognitive impairment: differences by subtype and progression to dementia. International Journal of Geriatric Psychiatry. 2009; 24(7):716-22. PMC2735341.

157. Penninx BW, Nicklas BJ, Newman AB, Harris TB, Goodpaster BH, Satterfield S, de Rekeneire N, **Yaffe K**, Pahor M, Kritchevsky SB; for the Health ABC study. Metabolic syndrome and physical decline in older persons: Results from the Health, Aging and Body Composition study. The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences. 2009; 64(1):96-102. PMC2691185.

158. **Smith GE, Housen P, **Yaffe K**, Ruff R, Kennison RF, Mahncke HW, Zelinski EM. A cognitive training program based on principles of brain plasticity: Results from the Improvement in Memory with Plasticity-based Adaptive Cognitive Training (IMPACT) study. Journal of the American Geriatrics Society. 2009; 57(4):594-603.

159. ***Yaffe K**, Weston AL, Blackwell T, Krueger KA. The metabolic syndrome and development of cognitive impairment among older women. Archives of Neurology. 2009; 66(3):324-28. PMC2685462.

160. **Whitmer RA, Karter AJ, **Yaffe K**, Quesenberry Jr CP, Selby JV. Hypoglycemic episodes and risk of dementia in older patients with type 2 diabetes mellitus. JAMA. 2009; 301(15):1565-72. PMC2782622.

161. Kanaya AM, Lindquist K, Harris TB, Launer L, Rosano C, Satterfield S, **Yaffe K**; for the Health ABC Study. Total and regional adiposity and cognitive change in older adults: The Health Aging and Body Composition (Health ABC) Study. Archives of Neurology. 2009; 66(3):329-35. PMC2739693.

162. *Fotuhi M, Mohassel P, **Yaffe K**. Fish consumption, long-chain omega-3 fatty acids and risk of cognitive decline or Alzheimer disease: A complex association. Nature Clinical Practice. Neurology. 2009; 5(3):140-52.

163. Weinstein AM, Barton C, Ross L, Kramer JH, **Yaffe K**. Treatment practices of Mild Cognitive Impairment in California Alzheimer's Disease Centers. Journal of the American Geriatrics Society. 2009; 57(4):686-90. PMC2773021.

164. *Sink KM, Leng X, Williamson J, Kritchevsky SB, **Yaffe K**, Kuller L, Yasar S, Atkinson H, Robbins M, Psaty B, Goff DC Jr. Angiotensin-converting enzyme inhibitors and cognitive decline in older adults with hypertension: results from the Cardiovascular Health Study. Archives of Internal Medicine. 2009; 169(13):1195-202.

165. Becker JT, Chang YF, Lopez OL, Dew MA, Sweet RA, Barnes D, **Yaffe K**, Young J, Kuller L, Reynolds CF 3rd. Depressed mood is not a risk factor for incident dementia in a community-based cohort. American Journal of Geriatric Psychiatry. 2009; 17(8):653-63. PMC2714703.

166. **Yaffe K**, Fiocco AJ, Lindquist K, Vittinghoff E, Simonsick EM, Newman A, Satterfield S, Rosano C, Rubin SM, Ayonayon HN, Harris TB; for the Health ABC Study. Predictors of maintaining cognitive function in older adults: The Health ABC Study. Neurology. 2009; 72(23):2029-35. PMC2692177.

167. **Yaffe K,** Lindquist K, Sen S, Cauley J, Ferrell R, Penninx B, Harris T, Li R, Cummings SR. Estrogen receptor genotype and risk of cognitive impairment in elders: findings from the Health ABC Study. Neurobiology of Aging. 2009; 30(4):607-14. PMC2826192.

168. Feldman MD, Huang L, Guglielmo BJ, Jordan R, Kahn J, Creasman JM, Weiner-Kronish JP, Lee KA, Tehrani A, **Yaffe K**, Brown JS. Training the next generation of research mentors: The University of California, San Francisco, Clinical and Translational Science Institute Mentor Development Program. Clinical and Translational Science. 2009; 2(3):216-21. PMC2747761.

169. Mehta KM, Stewart AL, Langa KM, **Yaffe K**, Moody-Ayers S, Williams BA, Covinsky KE. "Below average" self-assessed school performance and Alzheimer's disease in the Aging, Demographics, and Memory Study. Alzheimers & Dementia. 2009; 5(5):380-7. PMC2787515.

170. Barnes DE, **Yaffe K**, Belfor N, Jagust WJ, DeCarli C, Reed BR, Kramer JH. Computer-based cognitive training for mild cognitive impairment: Results from a Pilot Randomized, Controlled Trial. Alzheimer Disease and Associated Disorders. 2009; 23(3):205-10. PMC2760033.

171. **Middleton L, **Yaffe K**. Promising strategies for the prevention of dementia. Archives of Neurology. 2009; 66(10):1210-5. PMC2762111.

172. **Kurella Tamura M, Covinsky KE, Chertow GM, **Yaffe K**, Landefeld CS, McCulloch CE. Functional status of elderly adults before and after initiation of dialysis. New England Journal of Medicine. 2009; 361(16):1539-47. PMC2789552.

173. Barnes DE, **Yaffe K**. Predicting dementia: role of dementia risk indices. Future Neurology. 2009; 4(5):555-60. PMC2805956.

174. Barnes DE, Covinsky KE, Whitmer RA, Kuller LH, Lopez OL, **Yaffe K**. Predicting risk of dementia in older adults: The late-life dementia risk index. Neurology. 2009; 73(3):173-9. PMC2715571.

175. **Yaffe K**, Lindquist K, Kluse M, Cawthon R, Harris T, Hsueh WC, Simonsick EM, Kuller L, Li R, Ayonayon HN, Rubin SM, Cummings SR; for the Health ABC Study. Telomere length and cognitive function in community-dwelling elders: Findings from the Health ABC study. Neurobiology of Aging. 2011; 32(11):2055-2060. PMC2916948.

176. Leblanc ES, Wang PY, Janowsky JS, Neiss MB, Fink HA, **Yaffe K**, Marshall LM, Lapidus JA, Stefanick ML, Orwoll ES; for the Osteoporotic Fractures in Men (MrOS) Research Group. Association between sex steroids and cognition in elderly men. Clinical Endocrinology. 2010; 72(3):393-403. PMC2852485.

177. Weston AL, Weinstein A, Barton C, **Yaffe K**. Potentially inappropriate medication use in older adults with mild cognitive impairment. The Journals of Gerontology, Series A Medical Sciences. 2010; 65(3):318-21. PMC2904596.

178. Vogelzangs N, Kritchevsky SB, Beekman AT, Brenes GA, Newman AB, Satterfield S, **Yaffe K**, Harris TB, Penninx BW; for the Health ABC Study. Obesity and onset of significant depressive symptoms: results from a prospective community-based cohort study of older men and women. Journal of Clinical Psychiatry. 2010; 71(4):391-9.

179. Lee JS, **Yaffe K**, Lui L, Cauley J, Taylor B, Browner W, Cummings S. Prospective study of endogenous circulating estradiol and the risk of stroke in older women. Archives of Neurology. 2010; 67(2):195-201.

180. Covinsky KE, **Yaffe K**, Lindquist K, Cherkasova E, Yelin E, Blazer DG. Depressive symptoms in middle age and the development of later-life functional limitations: the long-term effect of depressive symptoms. Journal of the American Geriatrics Society. 2010; 58(3):551-6. PMC2904810.

181. Chao LL, Mueller SG, Buckley ST, Peek K, Raptentsetseng S, Elman J, **Yaffe K**, Miller BL, Kramer JH, Madison C, Mungas D, Schuff N, Weiner MW. Evidence of neurodegeneration in brains of older adults who do not yet fulfill MCI criteria. Neurobiology of Aging. 2010; 31(3):368-77. PMC2814904.

182. Slinin Y, Paudel ML, Taylor BC, Fink HA, Ishani A, Canales MT, **Yaffe K**, Barrett-Connor E, Orwoll ES, Shikany JM, LeBlanc ES, Cauley JA, Ensrud K. 25-hydroxyvitamin D levels and cognitive performance and decline in elderly men. Neurology. 2010; 74(1):33-41. PMC2809025.

183. **Yaffe K**, Ackerson L, Tamura MK, Le Blanc P, Kusek JW, Sehgal AR, Cohen D, Anderson C, Appel L, DeSalvo K, Ojo A, Seliger S, Robinson N, Makos G, Go AS. Chronic kidney disease and cognitive function in older adults: Findings from the Chronic Renal Insufficiency Cohort cognitive study. Journal of the American Geriatrics Society. 2010; 58(2):338-45. PMC2852884.

184. Koster A, van Gool CH, Kempen GI, Penninx BW, Lee JS, Rubin SM, Tylavsky FA, **Yaffe K**, Newman AB, Harris TB, Pahor M, Ayonayon HN, van Eijk JT, Kritchevsky SB; Health ABC Study. Late-life depressed mood and weight change contribute to the risk of each other. American Journal of Geriatric Psychiatry. 2010; 18(3):236-44. PMC2838199.

185. Barnes DE, Covinsky KE, Whitmer RA, Kuller LH, Lopez OL, **Yaffe K**. Commentary on "Developing a national strategy to prevent dementia: Leon Thal Symposium 2009." Dementia risk indices: a framework for identifying individuals with a high dementia risk. Alzheimers and Dementia. 2010; 6(2):138-41. PMC2909695.

186. Fiocco AJ, Lindquist K, Ferrell R, Li R, Simonsick EM, Nalls M, Harris TB, **Yaffe K**. COMT genotype and cognitive function: an 8-year longitudinal study in white and black elders. Neurology. 2010; 74(16):1296-1302. PMC2860484.

187. **Yaffe K**, Lindquist K, Vittinghoff E, Barnes D, Simonsick EM, Newman A, Satterfield S, Rosano C, Rubin SM, Ayonayon HN, Harris T; for the Health Aging and Body Composition Study. The effect of maintaining cognition on risk of disability and death. Journal of the American Geriatrics Society. 2010; 58(5):889-894. PMC2924918.

188. *Byers AL, **Yaffe K**, Covinsky KE, Friedman MB, Bruce ML. High occurrence of mood and anxiety disorders among older adults: The National Comorbidity Survey Replication. Archives of General Psychiatry. 2010; 67(5):489-96. PMC2933177.

189. Tranah GJ, Parimi N, Blackwell T, Ancoli-Israel S, Ensrud KE, Cauley JA, Redline S, Lane N, Paudel ML, Hillier TA, **Yaffe K**, Cummings SR, Stone KL. Postmenopausal hormones and sleep quality in the elderly: a population based study. BMC Women's Health. 2010; 10(15):15. PMC2876067.

190. Middleton L, **Yaffe K**. Targets for the prevention of dementia. Journal Alzheimer's Disease. 2010; 20(3):915-924.

191. ***Yaffe K**, Vittinghoff E, Lindquist K, Barnes DE, Covinsky KE, Neylan T, Kluse M, Marmar C. Post-traumatic stress disorder and risk of dementia among U.S. Veterans. Archives of General Psychiatry. 2010; 67(6):608-613. PMC2933793.

192. Fiocco AJ, **Yaffe K**. Defining successful aging: The importance of including cognitive function over time. Archives of Neurology. 2010; 67(7):876-880.

193. Hajjar I, Kritchevsky S, Newman AB, Li R, **Yaffe K**, Simonsick EM, Lipsitz LA; for the Health, Aging and Body Composition Study. Renin angiotensin system gene polymorphisms modify angiotensin-converting enzyme inhibitors' effect on cognitive function: the Health, Aging and Body Composition Study. Journal of the American Geriatrics Society. 2010; 58(6):1035-1042. PMC2926814.

194. Mueller SG, Schuff N, **Yaffe K**, Madison C, Miller B, Weiner MW. Hippocampal atrophy patterns in mild cognitive impairment and Alzheimer's disease. Hum Brain Mapp. 2010; 31(9):1339-47. PMC2943433.

195. Watson NL, Rosano C, Boudreau RM, Simonsick EM, Ferrucci L, Sutton-Tyrrell K, Hardy SE, Atkinson HH, **Yaffe K**, Satterfield S, Harris TB, Newman AB; for the Health ABC Study. Executive function, memory, and gait speed decline in well-functioning older adults. The Journals of Gerontology Series A: Biological Sciences and Medical Sciences. 2010; 65(10):1093-1100. PMC2949334.

196. Middleton LE, Barnes DE, Lui L-Y, **Yaffe K**. Physical activity over the life course and its association with cognitive performance and impairment in old age. Journal of the American Geriatrics Society. 2010; 58(7):1322-1326.

197. Minev E, Unruh M, Shlipak MG, Simsonick E, **Yaffe K**, Leak TS, Newman AB, Fried LF. Association of cystatin C and depression in healthy elders: The Health, Aging and Body Composition Study. Nephron Clinical Practice. 2010; 116(3): c241-c246.

198. Johnson JK, Pa J, Boxer AL, Kramer JH, Freeman K, **Yaffe K**. Baseline predictors of clinical progression among patients with dysexecutive MCI. Dementia and Geriatric Cognitive Disorders. 2010; 30(4):344-351. PMC2975734.

199. Ensrud KE, Ewing SK, Fredman L, Hochberg MC, Cauley JA, Hillier TA, Cummings SR, **Yaffe K**, Cawthon PM; for the Study of Osteoporotic Fractures Research Group. Circulating 25-hydroxyvitamin D levels and frailty status in older women. The Journal of Clinical Endocrinology Metabolism. 2010; 95(12):5266-5273. PMC2999979.

200. Kurella Tamura M and **Yaffe K.** Dementia and cognitive impairment in ESRD: diagnostic and therapeutic strategies. Kidney International. 2011; 79(1):14-22. PMC3107192.

201. Kurella Tamura M, Xie D, **Yaffe K**, Cohen DL, Teal V, Kasner SE, Messe´ SE, Sehgal AR, Kusek J, DeSalvo K, Cornish-Zirker D, Cohan J, Seliger SL, Chertow GM, and Go AS. Vascular risk factors and cognitive impairment in chronic kidney disease: the CRIC Study. Clinical Journal of the American Society of Nephrology. 2011; 6(2):248-256. PMC3052213.

202. Whitmer R, Quesenberry CP Jr, Zhou J, **Yaffe K**. Timing of hormone therapy and dementia: the critical window theory re-visited. Annals of Neurology. 2011;69(1):163-169. PMC3058824.

203. **Yaffe K**, Weston A, Graff-Radford NR, Satterfield S, Simonsick EM, Younkin SG, Younkin LH, Kuller L, Ayonayon HN, Ding J, Harris TB. Association of plasma beta-amyloid level and cognitive reserve with subsequent cognitive decline. JAMA. 2011; 305(3):261-266. PMC3108075.

204. Mayeux R, Reitz C, Brickman AM, Haan MN, Manly JJ, Glymour GG, Weiss CC, **Yaffe K**, Middleton L, Hendrie HC, Warren LH, Hayden KM, Welsh-Bohmer KA, Breitner JCS, Morris JC. Operationalizing diagnostic criteria for Alzheimer's disease and other age-related cognitive impairment—Part 1. Alzheimers and Dementia. 2011; 7(1):15-34. PMC3063444.

205. Fiocco AJ, Kanaya AM, Lindquist KM, Harris TB, Satterfield S, Simonsick EM, Kuller L, Rosano C, **Yaffe K**. Plasma F2-isoprostane level and cognitive function over eight years in

non-demented older adults: findings from the Health ABC Study. Prostaglandins, Leukotrienes and Essential Fatty Acids. 2011; 84(1-2): 57-61.

206. Zelinski EM, Spina LM, **Yaffe K**, Ruff R, Kennison RF, Mahncke HW, Smith GE. Improvement in Memory with Plasticity-Based Adaptive Cognitive Training: Results of the 3-Month Follow-Up. Journal of the American Geriatrics Society. 2011; 59(2): 258-265.

207. **Yaffe K**, Middleton LE, Lui L-Y, Spira AP, Stone K, Racine C, Ensrud KE, Kramer JH. Mild cognitive impairment, dementia and subtypes among oldest old women. Archives of Neurology. 2011; 68(5):631-636. PMC3108074.

208. Driscoll I, Espeland MA, Wassertheil-Smoller S, Gaussoin SA, Ding J, Granek IA, Ockene JK, Phillips LS, **Yaffe K**, Resnick SM. Weight Change and Cognitive Function: Findings From the Women's Health Initiative Study of Cognitive Aging. Obesity. 2011;19(8):1595-600. PMC3175491.

209. ***Sperling RA, Aisen PS, Beckett LA, Bennett DA, Craft S, Fagan AM, Iwatsubo T, Jack CR, Kaye J, Montine TJ, Park DC, Reiman EM, Rowe CC, Siemers E, Stern Y, **Yaffe K**, Carrillo MC, Thies B, Morrison-Bogorad M, Wagster MV, Phelps CH. Toward defining the preclinical stages of Alzheimer's disease: Recommendations from the National Institute on Aging and the Alzheimer's Association workgroup. Alzheimer's & Dementia. 2011; 7(3):280-92. PMC3220946.

210. O'Donovan A, Pantell MS, Puterman E, Dhabhar FS, Blackburn EH, **Yaffe K**, Cawthon RM, Opresko PL, Hsueh WC, Satterfield S, Newman AB, Ayonayon HN, Rubin SM, Harris TB, Epel ES; for the Health Aging and Body Composition Study. Cumulative Inflammatory Load Is Associated with Short Leukocyte Telomere Length in the Health, Aging and Body Composition Study. PLoS One. 2011;6(5):e19687. PMC3094351.

211. *Byers AL, **Yaffe K**. Depression and risk of developing dementia. Nature Reviews Neurology. 2011; 7(6):323-31.

212. Middleton L, Manini TM, Simonsick EM, Harris TB, Barnes DE, Tylavsky F, Brach JS, Everhart J, **Yaffe K**. Activity Energy Expenditure and Incident Cognitive Impairment in Older Adults. Arch Intern Med. 2011; 171(14):1251-7.

213. **Barnes DE, **Yaffe K**. The Projected Effect of Risk Factor Reduction on Alzheimer's Disease Prevalence. The Lancet Neurology. 2011; 10(9):819-28.

214. ***Yaffe K**, Laffan AM, Litwack Harrison S, Redline S, Spira AP, Ensrud KE, Ancoli-Israel S, Stone KL. Sleep disordered breathing, hypoxia, and risk of mild cognitive impairment & dementia in older women. JAMA. 2011; 306(6):613-9.

215. Blackwell T, **Yaffe K**, Ancoli-Israel S, Redline S, Ensrud KE, Stefanick ML, Laffan A, Stone KL; for the Osteoporotic Fractures in Men (MrOS) Study Group. Association of Sleep Characteristics and Cognition in Older Community-Dwelling Men: the MrOS Sleep Study. Sleep. 2011; 34(10):1347-1356. PMC3174836.

216. Watson NL, Sutton-Tyrrell K, Rosano C, Boudreau RM, Hardy SE, Simonsick EM, Najjar SS, Launer LJ, **Yaffe K**, Atkinson HH, Satterfield S, Newman AB. Arterial Stiffness and Cognitive Decline in Well-Functioning Older Adults. J Gerontol A Biol Sci Med Sci. 2011; 66(12):1336-42. PMC3210954.

217. Byers AL, Covinsky KE, Barnes DE, **Yaffe K**. Dysthymia and depression increase risk of dementia and mortality among older veterans. American Journal of Geriatric Psychiatry. 2012; 20(8):664. PMC3229643.

218. **Yaffe K**, Lindquist K, Schwartz AV, Vitartas C, Vittinghoff E, Satterfield S, Simonsick EM, Launer L, Rosano C, Cauley JA, Harris T. Advanced Glycation Endproduct Level, Diabetes and Accelerated Cognitive Aging. Neurology. 2011;77(14):1351-6. PMC3182758.

219. Terrando N, Brzezinski M, Degos V, Eriksson LI, Kramer JH, Leung JM, Miller BL, Seeley WW, Vacas S, Weiner MW, **Yaffe K**, Young WL, Xie Z, Maze M. Perioperative cognitive decline in the aging population. Mayo Clin Proc. 2011; 86(9):885-93. PMC3257991.

220. Venkatraman VK, Aizenstein HJ, Newman AB, **Yaffe K**, Harris T, Kritchevsky S, Ayonayon HN, Rosano C. Lower Digit Symbol Substitution Score in the Oldest Old is Related to Magnetization Transfer and Diffusion Tensor Imaging of the White Matter. Front Aging Neurosci. 2011; 3:11. PMC3180637.

221. Weston AL, Barton C, Lesselyong J, **Yaffe K**. Functional deficits among patients with mild cognitive impairment. Alzheimer's & Dementia. 2011;7(6):611-4. PMC3277776.

222. Tinetti ME, McAvay G, Chang SS, Ning Y, Newman AB, Fitzpatrick A, Fried TR, Harris TB, Nevitt MC, Satterfield S, **Yaffe K**, Peduzzi P. Effect of Chronic Disease-Related Symptoms and Impairments on Universal Health Outcomes in Older Adults. J Am Geriatr Soc. 2011;59(9):1618-1627. PMC3287052.

223. Barton C, Morris R, Rothlind J, **Yaffe K**. Video-Telemedicine in a Memory Disorders Clinic: Evaluation and Management of Rural Elders with Cognitive Impairment. Telemed J E Health. 2011; 17(10):789-93.

224. Middleton LE, Grinberg LT, Miller B, Kawas C, **Yaffe K**. Neuropathologic features associated with Alzheimer disease diagnosis: Age matters. Neurology. 2011;77(19):1737-44. PMC3208952.

225. Blackwell T, **Yaffe K**, Ancoli-Israel S, Redline S, Ensrud KE, Stefanick ML, Laffan A, Stone KL; for the Osteoporotic Fractures in Men Study Group. Associations Between Sleep Architecture and Sleep-Disordered Breathing and Cognition in Older Community-Dwelling Men: The Osteoporotic Fractures in Men Sleep Study. J Am Geriatr Soc. 2011;59(12):2217-2225. PMC3245643.

226. Tranah GJ, Blackwell T, Ancoli-Israel S, Paudel ML, Ensrud KE, Cauley JA, Redline S, Hillier TA, Cummings SR, Stone KL, **Yaffe K**. Circadian activity rhythms and risk of incident dementia and mild cognitive impairment in older women. Annals of Neurology. 2011 Nov;70(5):722-732. PMC3244839.

227. Spira AP, Stone K, Rebok GW, Kramer JH, **Yaffe K**. Depressive symptoms in oldest-old women: Risk of mild cognitive impairment and dementia. American Journal of Geriatric Psychiatry. 2012; 20(12):1006-15. PMC3326212.

228. Mackin RS, Lessylong JA, and **Yaffe K**. Patterns of cognitive impairment in older with Post Traumatic Stress Disorder. International Journal of Geriatric Psychiatry. 2012; 27(6):637-42.

229. *Byers AL, Arean PA, **Yaffe K**. Low use of mental health services among older Americans with mood and anxiety disorders. Psychiatric Services. 2012; 63(1):66-72. NIHMSID 477347

230. Bettcher BM, Wilheim R, Rigby T, Green R, Miller JW, Racine CA, **Yaffe K**, Miller BL, Kramer JH. C-reactive protein is related to memory and medial temporal brain volume in older adults. Brain Behav Immun. 2012; 26(1):103-8. PMC3221922.

231. Fine EM, Kramer JH, Lui LY, **Yaffe K**. Normative Data in Women Age 85 and Older: Verbal Fluency, Digit Span, and the CVLT-II Short Form. The Clinical Neuropsychologist. 2012; 26(1):18-30.

232. Haan MN, Espeland MA, Klein BE, Casonova R, Gaussoin SA, Jackson RD, Millen AE, Resnick SM, Roussow JE, Shumaker SA, Wallace R, **Yaffe K**, For the Women's Health Initiative Memory Study and the Women's Health Initiative Sight Exam. Cognitive function and retinal and ischemic brain changes: The Women's Health Initiative. Neurology. 2012;78(13):942-949. PMC331030.

233. Rosano C, Bennett DA, B Newman A, Venkatraman V, **Yaffe K**, Harris T, Kritchevsky S, J Aizenstein H. Patterns of Focal Gray Matter Atrophy Are Associated With Bradykinesia and Gait Disturbances in Older Adults. J Gerontol A Biol Sci Med Sci. 2012; 67(9):957-62. PMC3436092.

234. Maglione JE, Ancoli-Israel S, Peters KW, Paudel ML, **Yaffe K**, Ensrud KE, Stone KL. Depressive Symptoms and Subjective and Objective Sleep in Community-Dwelling Older Women. J Am Geriatr Soc. 2012; 60(4):635-43. PMC3517685.

235. **Yaffe K**, Tocco M, Petersen RC, Sigler C, Burns LC, Cornelius C, Khachaturian AS, Irizarry MC, Carrillo MC. The epidemiology of Alzheimer's disease: Laying the foundation for drug design, conduct, and analysis of clinical trials. Alzheimers Dement. 2012;8(3):237-42.

236. Barnes DE, **Yaffe K**, Byers AL, McCormick M, Schaefer C, Whitmer RA. Midlife vs Late-Life Depressive Symptoms and Risk of Dementia: Differential Effects for Alzheimer Disease and Vascular Dementia. Arch Gen Psychiatry. 2012; 69(5):493-8. NIHMSID 477394.

237. Leishear K, Rosano C, Studenski SA, Boudreau RM, Ferrucci L, Houston DK, Hogervorst E, **Yaffe K**, Harris TB, Newman AB, Strotmeyer ES. The relationship of vitamin B12 and sensory and motor peripheral nerve function in older adults. J Am Geriatr Soc. 2012; 60(6):1057-1063. PMC3376015.

238. Spira AP, Covinsky K, Rebok GW, Punjabi NM, Stone KS, Hillier TA, Ensrud KE, **Yaffe K**. Poor Sleep Quality and Functional Decline in Older Women. J Am Geriatr Soc. 2012; 60(6):1092-8. PMC3375617.

239. Spira AP, Covinsky K, Rebok GW, Stone KL, Redline S, **Yaffe K**. Objectively Measured Sleep Quality and Nursing Home Placement in Older Women. J Am Geriatr Soc. 2012; 60(7):1237-43. PMC3396778.

240. Craft S, Foster TC, Landfield PW, Maier SF, Resnick SM, **Yaffe K**. Session III: Mechanisms of Age-Related Cognitive Change and Targets for Intervention: Inflammatory, Oxidative, and Metabolic Processes. J Gerontol A Biol Sci Med Sci. 2012 ;67(7):754-9. PMC3536547.

241. Zeki Al Hazzouri A, Haan MN, Whitmer RA, **Yaffe K**, Neuhaus J. Central Obesity, Leptin and Cognitive Decline: The Sacramento Area Latino Study on Aging. Dement Geriatr Cogn Disord. 2012; 33(6):400-409. PMC3483312.

242. Fischer MJ, Xie D, Jordan N, Kop WJ, Krousel-Wood M, Kurella Tamura M, Kusek JW, Ford V, Rosen LK, Strauss L, Teal VL, **Yaffe K**, Powe NR, Lash JP; on behalf of the CRIC Study Group Investigators. Factors Associated With Depressive Symptoms and Use of Antidepressant Medications Among Participants in the Chronic Renal Insufficiency Cohort (CRIC) and Hispanic-CRIC Studies. Am J Kidney Dis. 2012; 60(1):27-38. PMC3378778.

243. Rosano C, Aizenstein HJ, Newman AB, Venkatraman C, Harris T, Ding J, Satterfield S, **Yaffe K**. Neuroimaging differences between older adults with maintained versus declining cognition over a 10-year period. NeuroImage. 2012; 62(1):307-313. PMC3690545

244. Alzheimer's Association Expert Advisory Workgroup on NAPA. Workgroup on NAPA's scientific agenda for a national initiative on Alzheimer's disease. Alzheimers Dement. 2012; 8(4):357-71.

245. **Yaffe K**, Falvey CM, Hamilton N, Schwartz AV, Simonsick EM, Satterfield S, Cauley J, Rosano R, Launer, L, Strotmeyer ES, Harris T. Diabetes, Glucose Control, and 9-Year Cognitive Decline Among Older Adults Without Dementia. Archives of Neurology. 2012; 69(9):1170-5. PMC3752423.

246. Slinin Y, Paudel M, Taylor BC, Ishani A, Rossom R, **Yaffe K**, Blackwell T, Lui LY, Hochberg M, Ensrud KE; for the Study of Osteoporotic Fractures Research Group. Association Between Serum 25(OH) Vitamin D and the Risk of Cognitive Decline in Older Women. J Gerontol A Biol Sci Med Sci. 2012; 67(10):1092-1098. PMC3437964.

247. Byers AL, Vittinghoff E, Lui LY, Hoang T, Covinsky KE, Cauley JA, Ensrud KE, Hillier TA, Fredman L, **Yaffe K**. 20-Year Depressive Trajectories among Older Women. Archives of General Psychiatry. 2012; 69(10):1073-9. PMC3646479.

248. Koyama A, Stone K, **Yaffe K**. Serum Oxidized LDL Level and Risk of Cognitive Impairment in Older Women. Neurobiology of Aging. 2013; 34(2):634-635.e2. PMC3393809.

249. Metti AL, Cauley JA, Newman AB, Ayonayon HN, Barry LC, Kuller LM, Satterfield S, Simonsick EM, **Yaffe K**. Plasma Beta Amyloid Level and Depression in Older Adults. J Gerontol A Biol Sci Med Sci. 2012; 68(1):74-9. PMC3598362.

250. Milaneschi Y, Simonsick EM, Vogelzangs N, Strotmeyer ES, **Yaffe K**, Harris TB, Tolea MI, Ferrucci L, Penninx BW; for the Health, Aging, and Body Composition Study. Leptin, abdominal obesity, and onset of depression in older men and women. J Clin Psychiatry. 2012; 73(9):1205-11.

251. Zeki Al Hazzouri A, Stone KL, Haan MN, **Yaffe K**. Leptin, mild cognitive impairment (MCI) and dementia among elderly women. Journal of Gerontology: Medical Sciences. 2013; 68(2):175-80. PMC3598359.

252. Metti AL, Cauley JA, Ayonayon HN, Harris TB, Rosano C, Williamson JD, **Yaffe K**; for the Health, Aging and Body Composition Study. The Demographic and Medical Correlates of Plasma Aβ40 and Aβ42. Alzheimer Dis Assoc Disord. 2013; 27(3):244-249. PMC3473156.

253. Tranah GJ, Nalls MA, Katzman SM, Yokoyama JS, Lam ET, Zhao Y, Mooney S, Thomas F, Newman AB, Liu Y, Cummings SR, Harris TB, **Yaffe K**. Mitochondrial DNA Sequence Variation Associated with Dementia and Cognitive Function in the Elderly. J Alzheimers Dis. 2012; 32(2):357-72.

254. Koyama A, O'Brien J, Weuve J, Blacker D, Metti AL, **Yaffe K**. The Role Peripheral Inflammatory Markers in Dementia and Alzheimer's Disease: A Meta-Analysis. J Gerontol A Biol Sci Med Sci. 2013; 68(4):433-40. PMC3693673.

255. Falvey CM, Rosano R, Simonsick EM, Harris T, Strotmeyer ES, Satterfield S, and **Yaffe K** for the Health ABC Study. Macro and micro-structural MRI indices associated with diabetes among community- dwelling older adults. Diabetes Care. 2013; 36(3):677-82. PMC3579347.

256. Espeland MA, Bryan RN, Goveas JS, Robinson JG, Siddiqui MS, Liu S, Hogan PE, Casanova R, Coker LH, **Yaffe K**, Masaki K, Rossom R, Resnick SM; for the WHIMS-MRI Study Group. Influence of Type 2 Diabetes on Brain Volumes and Changes in Brain Volumes: Results from the Women's Health Initiative Magnetic Resonance Imaging Studies. Diabetes Care. 2013; 36(1):90-97. PMC3526228.

257. Hek K, Demirkan A, Lahti J, Terracciano A, Teumer A, Cornelis MC, Amin N, Bakshis E, Baumert J, Ding J, Liu Y, Marciante K, Meirelles O, Nalls MA, Sun YV, Vogelzangs N, Yu L, Bandinelli S, Benjamin EJ, Bennett DA, Boomsma D, Cannas A, Coker LH, de Geus E, De Jager PL, Diez-Roux AV, Purcell S, Hu FB, Rimm EB, Hunter DJ, Jensen MK, Curhan G, Rice K, Penman AD, Rotter JI, Sotoodehnia N, Emeny R, Eriksson JG, Evans DA, Ferrucci L, Fornage M, Gudnason V, Hofman A, Illig T, Kardia S, Kelly-Hayes M, Koenen K, Kraft P, Kuningas M, Massaro JM, Melzer D, Mulas A, Mulder CL, Murray A, Oostra BA, Palotie A, Penninx B, Petersmann A, Pilling LC, Psaty B, Rawal R, Reiman EM, Schulz A, Shulman JM, Singleton AB, Smith AV, Sutin AR, Uitterlinden AG, Völzke H, Widen E, **Yaffe K**, Zonderman AB, Cucca F, Harris T, Ladwig KH, Llewellyn DJ, Räikkönen K, Tanaka T, van Duijn CM, Grabe HJ, Launer LJ, Lunetta KL, Mosley TH Jr, Newman AB, Tiemeier H,

Murabito J. A Genome-Wide Association Study of Depressive Symptoms. Biological Psychiatry. Biol Psychiatry. 2013; 73(7):667-78.

258. **Yaffe K**, Ackerson L, Hoang TD, Go AS, Maguire MG, Ying GS, Daniel D, Bazzano LA, Coleman M, Cohen DL, Kusek JW, Ojo A, Seliger S, Xie D, Grunwald JE. Retinopathy and cognitive impairment among older adults with chronic kidney disease. American Journal of Kidney Diseases. Am J Kidney Dis. 2013 Feb;61(2):219-27.

259. Zeki Al Hazzouri A, Newman AB, Simonsick E, Sink KM, Sutton Tyrrell K, Watson N, Satterfield S, Harris T, **Yaffe K**; for the Health ABC Study. Pulse Wave Velocity and Cognitive Decline in Elders: The Health, Aging, and Body Composition Study. Stroke. 2013; 44(2):388-393. PMC3572783.

260. Stewart R, Weyant RJ, Garcia ME, Harris T, Launer LJ, Satterfield D, Simonsick EM, **Yaffe K**, Newman AB. Adverse oral health and cognitive decline: The Health, Aging and Body Composition study. J Am Geriatr Soc. 2013;61(2):177-84. PMC3578234.

261. Koyama A, Steinman M, Ensrud K, Hillier TA, **Yaffe K.** Ten-Year Trajectory of Potentially Inappropriate Medications in Very Old Women: Importance of Cognitive Status. J Am Geriatr Soc. 2013; 61(2):258-63. PMC3795413.

262. Lin FR, **Yaffe K**, Xia J, Xue QL, Harris TB, Purchase-Helzner E, Satterfield S, Ayonayon HN, Ferrucci L, Simonsick EM; for the Health ABC Study Group. Hearing Loss and Cognitive Decline in Older Adults. JAMA Intern Med. 2013; 173(4):293-9. PMC3869227

263. Reis JP, Loria CM, Launer LJ, Sidney S, Liu K, Jacobs DR Jr, Zhu N, Lloyd-Jones DM, He K, **Yaffe K**. Cardiovascular health through young adulthood and cognitive functioning in midlife. Ann Neurol. 2013; 73(2):170-9. PMC3608821.

264. Buckalew N, Haut M, Aizenstein H, Rosano C, Dunfee Edelman K, Perera S, Marrow L, Tadic S, Harris T, Venkatraman V, Hicks G, Kritchevsky S, **Yaffe K**, Weiner D. White matter hyperintensity burden and disability in older adults: Is chronic pain a contributor? PM&R. 2013; pii: S1934-1482(13)00113-5.

265. **Yaffe K**, Hoang T. Nonpharmacologic treatment and prevention strategies for dementia. Continuum. 2013; 19(2 Dementia):372-81.

266. Zhang Y, Schuff N, Camacho M, Chao LL, Fletcher TP, **Yaffe K**, Woolley SC, Madison C, Rosen HJ, Miller BL, Weiner MW. MRI Markers for Mild Cognitive Impairment: Comparisons between White Matter Integrity and Gray Matter Volume Measurements. PLoS One. 2013; 8(6):e66367. PMC3675142.

267. Milaneschi Y, Cesari M, Simonsick EM, Vogelzangs N, Kanaya AM, **Yaffe K**, Patrignani P, Metti A, Kritchevsky SB, Pahor M, Ferrucci L, Penninx BW; Health ABC study. Lipid peroxidation and depressed mood in community-dwelling older men and women. PLoS One. 2013; 8(6):e65406. PMC3679197.

268. Gardner RC, Valcour V, **Yaffe K**. Dementia in the Oldest Old: A Multi-factorial and Growing Public Health Issue. Alzheimer's Research & Therapy. 2013; 5(4):27. PMC3706944.

269. **Yaffe K**, Falvey CM, Hamilton N, Harris TB, Simonsick CM, Strotmeyer ES, Shorr RI, Metti A, Schwartz AV for the Health ABC Study. The association between hypoglycemia and dementia in a biracial cohort of older adult. JAMA Intern Med. 2013; 173(14):1300-6.

270. Weiner MW, Friedl KE, Pacifico A, Chapman JC, Jaffee MS, Little DM, Manley GT, McKee A, Petersen RC, Pitman RK, **Yaffe K**, Zetterberg H, Obana R, Bain LJ, Carrillo MC. Military risk factors for Alzheimer's disease. Alzheimers Dement. 2013; 9(4):445-51.

271. Hong CH, Falvey C, Harris TB, Simonsick EM, Satterfield S, Ferrucci L, Metti Al, Patel KV, **Yaffe K**. Anemia and risk of dementia in older adults: Findings from the Health ABC study. Neurology. 2013; 81(6):528-33. PMC3775683.

272. Barnes DE, Santos-Modesitt W, Poelke G, Kramer AF, Castro C, Middleton LE, **Yaffe K**. The Mental Activity and eXercise (MAX) Trial: A Randomized Controlled Trial to Enhance Cognitive Function in Older Adults. JAMA Intern Med. 2013;173(9):797-804.

273. Geda YE, Schneider LS, Gitlin LN, Miller DS, Smith GS, Bell J, Evans J, Lee M, Porsteinsson A, Lanctôt KL, Rosenberg PB, Sultzer DL, Francis PT, Brodaty H, Padala PP, Onyike CU, Ortiz LA, Ancoli-Israel S, Bliwise DL, Martin JL, Vitiello MV, **Yaffe K**, Zee PC, Herrmann N, Sweet RA, Ballard C, Kin NA, Alfaro C, Murray PS, Schultz S, Lyketsos CG; Neuropsychiatric Syndromes Professional Interest Area of ISTAART. Neuropsychiatric symptoms in Alzheimer's disease: Past progress and anticipation of the future. Alzheimers Dement. 2013; 9(5):602-8.

274. Mayeda ER, Haan MN, Kanaya AM, **Yaffe K**, Neuhaus J. Type 2 Diabetes and 10-Year Risk of Dementia and Cognitive Impairment Among Older Mexican Americans. Diabetes Care. 2013; 6(9):2600-6. PMC3747945.

275. Reis JP, Launer LJ, Terry JG, Loria CM, Zeki Al Hazzouri A, Sidney S, **Yaffe K**, Jacobs DR Jr, Whitlow CT, Zhu N, Carr JJ. Subclinical atherosclerotic calcification and cognitive functioning in middle-aged adults: The CARDIA study. Atherosclerosis. 2013; 231(1):72-7.

276. Bettcher BM, Walsh CM, Watson C, Miller JW, Green R, Patel N, Miller BL, Neuhaus J, **Yaffe K**, Kramer JH. Body mass and white matter integrity: the influence of vascular and inflammatory markers. PLoS One. 2013 Oct 16;8(10):e77741. PMC3797689.

277. Lee CG, Schwartz AV, **Yaffe K**, Hillier TA, Leblanc ES, Cawthon PM, Study of Osteoporotic Fractures Research Group. Changes in physical performance in older women according to presence and treatment of diabetes mellitus. Journal of the American Geriatric Society. 2013; 61(11): 1872-8.

278. **Yaffe K**, Falvey C, Harris TB, Newman A, Satterfield S, Koster A, Ayonayon H, Simonsick E. Effect of socioeconomic disparities on incidence of dementia among biracial older adults: prospective study. BMJ. 2013; 347:f7051. PMC3898154

279. Cohen BE, Neylan TC, **Yaffe K**, Samuelson KW, Li Y, Barnes DE. Posttraumatic Stress Disorder and Cognitive Function: Findings from the Mind Your Heart Study. J Clinical Psychiatry. 2013; 74(11):1063-70.

280. Larson EB, **Yaffe K**, Langa KM. New Insights into the Dementia Epidemic. New England Journal of Medicine. 2013; 369(24):2275-7.

281. Wang S, Luo X, Barnes D, Sano M, **Yaffe K**. Physical Activity and Risk of Cognitive Impairment Among Oldest-Old Women. Am J Geriatr Psychiatry. 2013 Jul 3. [Epub ahead of print]. PMC3864545

282. Mackin RS, Nelson JC, Delucchi K, Raue P, Byers A, Barnes D, Satre DD, **Yaffe K**, Alexopoulos GS, Arean PA. Cognitive Outcomes after Psychotherapeutic Interventions for Major Depression in Older Adults with Executive Dysfunction. Am J Geriatr Psychiatry. 2013 Nov 16. [Epub ahead of print].

283. Covinsky KE, Cenzer IS, **Yaffe K**, O'Brien S, Blazer DG. Dysphoria and Anhedonia as Risk Factors for Disability or Death in Older Persons: Implications for the Assessment of Geriatric Depression. Am J Geriatr Psychiatry. 2014; 22(6):606-13.

284. Chao SZ, Matthews BR, Yokoyama JS, Lai NB, Ong H, Tse M, Yuan RF, Lin A, Kramer J, **Yaffe K**, Kornak J, Miller BL, Rosen HJ. Depressive Symptoms in Chinese-American Subjects with Cognitive Impairment. Am J Geriatr Psychiatry. 2014; 22(7):642-52.

285. Tartaglia MC, Hu B, Mehta K, Neuhaus J, **Yaffe K**, Miller BL, Boxer A. Demographic and Neuropsychiatric Factors Associated With Off-label Medication Use in Frontotemporal Dementia and Alzheimer's Disease. Alzheimer Dis Assoc Disord. 2014; 28(2):182-9.

286. Barry LC, Thorpe, RJ Jr., Penninx BW, **Yaffe K**, Wakefield D, Ayonayon HN, Satterfield S, Newman AB, Simonsick EM. Race-related Differences in Depression Onset and Recovery in Older Persons Over Time: The Health, Aging, and Body Composition Study. Am J Geriatr Psychiatry. 2014; 22(7):682-91. PMC3984378

287. Lopes de Silva S, Vellas B, Elemans S, Luschinger J, Kamphuis P, **Yaffe K**, Sijben J, Groenedijk M, Stijnen T. Plasma nutrient status of patients with Alzheimer's disease: Systematic review and meta-analysis. Alzheimer's & Dementia. 2014; 10(4):485-502.

288. Kaup AR, Simonsick EM, Harris TB, Satterfield S, Metti AL, Ayonayon HN, Rubin SM, **Yaffe K**. Older Adults With Limited Literacy Are at Increased Risk for Likely Dementia. Journal of Gerontology: Medical Sciences. 2014; l;69(7):900-6. PMC4067115

289. Nadkarni N, Nunley KA, Aizenstein H, Harris T, **Yaffe K**, Satterfield S, Newman AB, Rosano C. Association between Cerebellar Grey Matter Volumes, Gait Speed and Information Processing Ability in Older Adults Enrolled in the Health ABC Study. Journal of Gerontology: Medical Sciences. 2014; 69(8):996-1003. PMC4095927

290. Zeki Al Hazzouri A, Haan MN, Deng Y, Neuhaus J, **Yaffe K**. Reduced Heart Rate Variability is Associated with Worse Cognitive Performance in Elderly Mexican Americans. Hypertension. 2014; 63(1):181-7.

291. Tranah GJ, Yokoyama JS, Katzman SM, Nalls MA, Newman AB, Harris TB, Cesari M, Manini TM, Schork NJ, Cummings SR, Liu Y, **Yaffe K** for the Health, Aging and Body Composition Study. Mitochondrial DNA sequence associations with dementia and amyloid-β in elderly African Americans. Neurobiology of Aging. 2014; 35(2):442.e1-8.

292. Pottala JV, **Yaffe K**, Robinson JG, Espeland MA, Wallace R, Harris WS. Higher RBC EPA + DHA corresponds with larger total brain and hippocampal volumes: WHIMS-MRI Study. Neurology. 2014; 82(5): 435-442.

293. Porsteinsson AP, Drye LT, Pollock BG, Devanand DP, Frangakis C, Ismail Z, Marano C, Meinert CL, Mintzer JE, Munro CA, Pelton G, Rabins PV, Rosenberg PB, Schneider LS, Shade DM, Weintraub D, Yesavage J, Lysketsos CG, CitAD Research Group. Effect of citalopram on agitation in Alzheimer disease: the CitAD randomized clinical trial. JAMA. 2014; 311(7): 682-691.

294. James BD, Leurgans SE, Hebert LE, Scherr PA, **Yaffe K**, Bennett DA. Contribution of Alzheimer's disease to mortality in the United States. Neurology. 2014; 82(12):1045-50.

295. Olson Hunt MJ, Weissfeld L, Boudreau RM, Aizenstein H, Newman AB, Simonsick EM, Van Domelen DR, Thomas F, **Yaffe K**, Rosano C. A variant of sparse partial least squares for variable selection and data exploration. Front Neuroinform. 2014;8:18. PMC3939647

296. Nettiksimmons J, Simonsick EM, Harris T, Satterfield S, Rosano C, **Yaffe K** for the Health ABC Study. The associations between serum brain-derived neurotrophic factor, potential confounders, and cognitive decline: A longitudinal study. PLoS One. 2014 Mar 26;9(3):e91339. PMC3966768

297. Metti AL, **Yaffe K**, Boudrea RM, Ganguli M, Lopez OL, Stone KL, Cauley JA. Change in Inflammatory Markers and Cognitive Status among Oldest Old Women from the Study of Osteoporotic Fractures. J Am Geriatr Soc. 2014; 62(4):662-6.

298. Zhu N, Jacobs DR Jr, Schreiner PJ, **Yaffe K,** Bryan N, Launer LJ, Whitmer RA, Sidney S, Demerath E, Thomas W, Bouchard C, He K, Reis J, Sternfeld B. Cardiorespiratory fitness and cognitive function in middle age: The CARDIA Study. Neurology. 2014; 2(15):1339-46. PMC4001190.

299. **Yaffe K**, Vittinghoff E, Pletcher MJ, Hoang T, Launer L, Whitmer R, Coker LH, Sidney S. Early adult to mid-life cardiovascular risk factors and cognitive function. Circulation. 2014; 129(15):1560-7.

300. Wilson VK, Houston DK, Kilpatrick L, Lovato J, **Yaffe K**, Cauley JA, Harris TB, Simonsick EM, Ayonayon HN, Kritchevsky SB, Sink KM; the Health, Aging and Body Composition Study. Relationship Between 25-Hydroxyvitamin D and Cognitive Function in Older Adults: The Health, Aging and Body Composition Study. J Am Geriatr Soc. 2014; 62(4):636-41.

301. Maglione JE, Ancoli-Israel S, Peters KW, Paudel ML, **Yaffe K**, Ensrud KE, Tranah GJ, and Stone KL, and the Study of Osteoporotic Fractures Research Group. Depressive Symptoms and Circadian Activity Rhythm Disturbances in Community-Dwelling Older Women. American Journal of Geriatric Psychiatry. 2014; 22(4):349-61.

302. Koyama A, Steinman M, Ensrud K, Hillier TA, **Yaffe K**. Long-term Cognitive and Functional Effects of Potentially Inappropriate Medications in Older Women. Journal of Gerontology: Medical Sciences. 2014; 69(4):423-9. PMC3968824

303. Givens JL, Mezzacappa C, Heeren T, **Yaffe K**, Fredman L. Depressive Symptoms among Dementia Caregivers: Role of Mediating Factors. Am J Geriatr Psychiatry. 2014; 22(5):481-8. PMC3710308

304. Zeki Al Hazzouri A, Vittinghoff E, Byers AL, Covinsky K, Blazer D, Diem S, Ensrud K, **Yaffe K**. Long-term depressive symptom burden and risk of cognitive decline and dementia among very old women. Journal of Gerontology: Medical Sciences. 2014; 69(5):595-601. PMC3991142.

305. Maglione JE, Ancoli-Israel S, Peters KW, Paudel ML, **Yaffe K,** Ensrud KE, and Stone KL, and the Study of Osteoporotic Fractures Research Group. Subjective and objective sleep disturbance and longitudinal risk of depression in a cohort of older women. Sleep. 2014; 37(7):1179-87.

306. Norton S, Matthews FE, Barnes DE, **Yaffe K**, Brayne C. Potential for primary prevention of Alzheimer's disease: an analysis of population-based data. Lancet Neurol. 2014; 13(8):788-94.

307. Barnes DE, Kaup AR, Kirby K, Byers AL, Diaz Arrastia R, **Yaffe K**. Traumatic Brain Injury and Risk of Dementia in Older Veterans. Neurology. 2014; 83(4):312-9.

308. Meziab O, Kirby KA, Williams B, **Yaffe K**, Byers AL, Barnes DE. Prisoner of war status, posttraumatic stress disorder, and dementia in older veterans. Alzheimers Dement. 2014; 10(3 Suppl):S236-41.

309. Weiner MW, Veitch DP, Hayes J, Neylan T, Grafman J, Aisen PS, Petersen RC, Jack C, Jagust W, Trojanowski JQ, Shaw LM, Saykin AJ, Green RC, Harvey D, Toga AW, Friedl KE, Pacifico A, Sheline Y, **Yaffe K**, Mohlenoff B; Department of Defense Alzheimer's Disease Neuroimaging Initiative. Effects of traumatic brain injury and posttraumatic stress disorder on Alzheimer's disease in veterans, using the Alzheimer's Disease Neuroimaging Initiative. Alzheimers Dement. 2014; 10(3 Suppl):S226-35.

310. Byers AL, **Yaffe K**. Depression and dementias among military veterans. Alzheimers Dement. 2014; 10(3 Suppl):S166-73.

311. **Yaffe K**, Hoang TD, Byers AL, Barnes DE, Friedl KE. Lifestyle and health-related risk factors and risk of cognitive aging among older veterans. Alzheimers Dement. 2014;10(3 Suppl):S111-21.

312. Drye LT, Spragg D, Devanand DP, Frangakis C, Marano C, Meinert CL, Mintzer JE, Munro CA, Pelton G, Pollock BG, Porsteinsson AP, Rabins PV, Rosenberg PB, Schneider LS, Shade DM, Weintraub D, Yesavage J, Lyketsos CG; CitAD Research Group. Changes in QTc interval in the citalopram for agitation in Alzheimer's disease (CitAD) randomized trial. PLoS One. 2014 Jun 10;9(6):e98426. PMC4051660.

313. Blackwell T, **Yaffe K**, Laffan A, Ancoli-Israel S, Redline S, Ensrud KE, Song Y, Stone KL for the Osteoporotic Fractures in Men (MrOS) Study Group Associations of Objectively and Subjectively Measured Sleep Quality with Subsequent Cognitive Decline in Older Community-Dwelling Men: The MrOS Sleep Study. Sleep. . Sleep. 2014; 37(4):655-63. PMC4044750.

314. Bolandzadeh N, Liu-Ambrose T, Aizenstein H, Harris T, Launer L, **Yaffe K**, Kritchevsky SB, Newman A, Rosano C. Pathways linking regional hyperintensities in the brain and slower gait. Neuroimage. 2014; 99:7-13.

315. Rosso AL, Olson Hunt MJ, Yang M, Brach JS, Harris TB, Newman AB, Satterfield S, Studenski SA, **Yaffe K**, Aizenstein HJ, Rosano C; Health ABC study. Higher step length variability indicates lower gray matter integrity of selected regions in older adults. Gait Posture. 2014; 40(1):225-30. PMC4071448.

316. Chao LL, **Yaffe K**, Samuelson K, Neylan TC. Hippocampal volume is inversely related to PTSD duration. Psychiatry Res. 2014; 222(3):119-23.

317. Byers AL, Covinsky KE, Neylan TC, **Yaffe K**. Chronicity of PTSD and risk of disability in older persons. JAMA Psychiatry. 2014; 71(5):540-6.

318. Yokoyama JS, Evans DS, Coppola G, Kramer JH, Tranah GJ, **Yaffe K**. Genetic modifiers of cognitive maintenance among older adults. Human Brain Mapping. 2014: 35(9):4556-65.

319. Bettcher BM, Watson CL, Walsh CM, Lobach IV, Neuhaus J, Miller JW, Green R, Patel N, Dutt S, Busovaca E, Rosen H, **Yaffe K**, Miller BL, Kramer JH. Interleukin-6, age, and corpus callosum integrity. PLoS ONE. 2014; 9(9):e106521. PMC4154691

320. **Yaffe** K, Kurella-Tamura M, Ackerson L, Hoang TD, Anderson AH, Duckworth M, Go AS, Krousel-Wood M, Kusek JW, Lash JP, Ojo A, Robinson N, Sehgal AR, Sondheimer JH, Steigerwalt S, Townsend RR and the CRIC Study Investigators. Higher Levels of Cystatin C are Associated with Worse Cognitive Function among Older Adults with Chronic Kidney Disease: The CRIC COG Study. Journal of the American Geriatrics Society. 2014; 62(9):1623-9.

321. Tian Q, Erickson KI, Simonsick EM, Aizenstein HJ, Glynn NW, Boudreau RM, Newman AB, Kritchevsky SB, **Yaffe K**, Harris T, Rosano C for the Health ABC Study. Physical Activity Predicts Microstructural Integrity in Memory-related Networks in Very Old Adults. Journal of Gerontology: Medical Sciences. 2014; 69(10):1284-90.

322. **Yaffe K**, Falvey C, Hoang TD. Connections between Sleep Quality and Cognitive Aging. Lancet Neurology. 2014; 13(10):1017-1028.

323. Tudorascu DL, Rosano C, Venkatraman VK, MacCloud RL, Harris T, **Yaffe K**, Newman AB, Aizenstein HJ. Multimodal MRI markers support a model of small vessel ischemia for depressive symptoms in very old adults. Psychiatry Res. 2014; 224(2): 73-80.

324. Spira AP, Chen-Edinboro LP, Wu MN, **Yaffe K**. Impact of sleep on the risk of cognitive decline and dementia. Curr Opin Psychiatry. 2014; 27(6):473-83.

325. Yano Y, Ning H, Allen N, Reis JP, Launer LJ, Liu K, **Yaffe K**, Greenland P, Lloyd-Jones DM. Long-Term Blood Pressure Variability Throughout Young Adulthood and Cognitive Function in Midlife: The Coronary Artery Risk Development in Young Adults (CARDIA) Study. Hypertension. 2014; 64(5):983-8.

326. Barnes DE, Beiser AS, Lee A, Langa KM, Koyama A, Preis SR, Neuhaus J, McCammon RJ, **Yaffe K**, Seshadri S, Haan MN, Weir DR. Development and validation of a brief dementia screening indicator for primary care. Alzheimers and Dementia. 2014 Feb 1. [Epub ahead of print].

327. Barnes DE, Cenzer IS, **Yaffe K**, Ritchie CS, Lee SJ, Alzheimer's Disease Neuroimaging Initiative. A point-based tool to predict conversion from mild cognitive impairment to probable Alzheimer's disease. Alzheimers and Dementia. 2014 Feb 1. [Epub ahead of print].

328. Hoang TD, Byers AL, Barnes D, **Yaffe K**. 20-Year alcohol consumption patterns and cognitive impairment in older women. American Journal of Geriatric Psychiatry. 2014 Apr 26. [Epub ahead of print]

329. Mener DJ, Betz J, **Yaffe K**, Harris TB, Helzner EP, Satterfield S, Houston DK, Strotmeyer ES, Pratt SR, Simonsick EM, Lin FR for the Health ABC Study. Apolipoprotein E Allele and Hearing Thresholds in Older Adults. American Journal of Alzheimer's Disease and Other Dementias. Am J Alzheimers Dis Other Demen. 2014 Jun 6. [Epub ahead of print]

330. Genther DJ, Betz J, Pratt S, Kritchevsky SB, Martin KR, Harris TB, Helzner E, Satterfield S, Xue QL, **Yaffe K**, Simonsick EM, Lin FR; for the Health ABC Study. Association of Hearing Impairment and Mortality in Older Adults. J Gerontol A Biol Sci Med Sci. 2014 Jul 14. [Epub ahead of print]

331. Metti AL, **Yaffe K**, Boudreau RM, Simonsick EM, Carnahan RM, Satterfield S, Harris TB, Ayonayon HN, Rosano C, Cauley JA; Health ABC Study. Trajectories of inflammatory markers and cognitive decline over 10 years. Neurobiol Aging. 2014 Jun 6. [Epub ahead of print]

332. Koyama A, Houston DK, Simonsick EM, Lee JS, Ayonayon HN, Shahar DR, Rosano C, Satterfield S, **Yaffe K**. Association Between the Mediterranean Diet and Cognitive Decline in a Biracial Population. J Gerontol A Biol Sci Med Sci. 2014 Jul 3. [Epub ahead of print]

333. Rosano C, Abebe KZ, Aizenstein HJ, Boudreau R, Jennings JR, Venkatraman V, Harris TB, **Yaffe K**, Satterfield S, Newman AB; for the Health ABC Study. Longitudinal Systolic Blood

Pressure Characteristics and Integrity of White Matter Tracts in a Cohort of Very Old Black and White Adults. Am J Hypertens. 2014 Aug 26. [Epub ahead of print]

334. Tian Q, Simonsick EM, Erickson KI, Aizenstein HJ, Glynn NW, Boudreau RM, Newman AB, Kritchevsky SB, **Yaffe K**, Harris T, Rosano C; for the Health ABC study. Cardiorespiratory fitness and brain diffusion tensor imaging in adults over 80 years of age. Brain Res. 2014 Sep 6. [Epub ahead of print]

335. Gardner RC, Burke JF, Nettiksimmons J, Kaup A, Barnes DE, **Yaffe K**. Dementia risk after brain versus non-brain trauma: the role of age and severity. JAMA Neurol 2014. [In press].

336. Mayeda ER, Haan MN, Neuhaus J, **Yaffe K**, Knopman DS, Sharrett AR, Griswold ME, Mosley TH. Type 2 diabetes and cognitive decline over 14 years in middle-aged African Americans and whites: The ARIC Brain MRI Study. Neuroepidemiology. [In press].

Articles Under Review or In Preparation

337. Wang S, Culver C, Peltz C, Diaz-Arrastia R, Kenney K, Kramer JH, Sissay A, **Yaffe K**. Traumatic Brain Injury and Comorbid Neuropsychiatric Symptoms in an Older Veteran Population. Under Review.

338. Weston AL, Simonsick EM, Costa PT, Ayonayon HN, Harris TB, Rosano C, Satterfield C, **Yaffe K**. Personality traits and cognitive decline in older adults: A Health ABC Study. Under Review.

339. Rosano C, Bennett DA, Newman A, Venkatraman V, **Yaffe K**, Harris T, Kritchevsky S, Aizenstein H. Neuroimaging of Parkinsonian signs in older adults living in the community. Under Review.

340. Walsh CM, Blackwell T, Tranah GJ, Stone KL, Ancoli-Israel S, Redline S, Paudel M, Kramer JH, **Yaffe K**, for the Study of Osteoporotic Fractures (SOF) Research Group. Disrupted circadian activity rhythms are negatively associated with executive function in older women. Under Review.

Letters and Editorials

341. Lyons W and **Yaffe K**. Vitamin B12 deficiency. Journal of the American Geriatrics Society 1999; 47:1155; discussion 1156-1158.

342. **Yaffe K** and Yaffe SJ. Long-term cognitive effects of drugs used in labor. Western Journal of Medicine. 1999; 170:262.

343. **Yaffe K**. Hormone therapy and the brain: déjà vu all over again? JAMA. 2003; 289:2717-2719.

344. Covinsky K and **Yaffe K**. Dementia, prognosis, and the needs of patients and caregivers. Annals of Internal Medicine. 2004; 140:573-574.

345. **Yaffe K**. Testosterone and the brain: unchartered territory. Lancet Neurology. 2004; 3:270.

346. Barnes DE and **Yaffe K.** Vitamin E and donepezil for the treatment of mild cognitive impairment. New England Journal of Medicine 2005; 353:951-952.

347. **Yaffe K**. Research and care of patients with dementia: moving beyond memory loss. American Journal of Geriatric Psychiatry 2005; 13:921-925.

348. **Yaffe K** and Steffans D. Epidemiology of mental health: a keystone of geriatric psychiatry. American Journal of Geriatric Psychiatry 2006; 14:477-479.

349. Barton CF and **Yaffe K.** Reducing neuroleptic use among patients with dementia in long-term care. Lancet Neurology 2006; 5:469-470.

350. **Yaffe K**. Metabolic syndrome and cognitive decline. Current Alzheimer Research. 2007; 4:123-126.

351. **Yaffe K**. Antioxidants and prevention of cognitive decline: does duration of use matter? Archives of Internal Medicine 2007; 167:2167-2168.

352. **Yaffe K**. Treatment of neuropsychiatric symptoms in patients with dementia. New England Journal of Medicine. 2007; 357:1441-1443.

353. **Yaffe K** and Covinsky KE. Coronary-bypass surgery and long-term cognitive decline. Annals of Neurology. 2008; 63:547-548.

354. **Yaffe K .** Biomarkers of Alzheimer's Disease and exercise: one step closer to prevention. Annals of Neurology. 2010; 68: 275-276.

355. **Yaffe K .** Treatment of Alzheimer disease and prognosis of dementia: time to translate research to results. JAMA. 2010; 304:1952-1953.

356. Barnes DR, **Yaffe K**. Accuracy of summary risk score for prediction of Alzheimer disease: better than demographics alone? Archives of Neurology. 2011; 68(2): 268.

357. **Yaffe K**. Preclinical Alzheimer Disease: Prevention Holy Grail or Pandora's Box? Archives of Internal Medicine. 2011; 171(4):339-340.

358. **Yaffe K**. Traumatic brain injury and neuropsychiatric outcomes. The Lancet Neurology. 2012; 11(12): 1020-1021.

359. Smith AD and **Yaffe K**. Dementia (including Alzheimer's disease) can be prevented: statement supported by international experts. J Alzheimers Dis. 2014; 384): 699-703.

360. Gardner RC and **Yaffe K**. Traumatic brain injury may increase risk of young-onset dementia. Annals of Neurology. 2014; 5(3):339-41.

361. **Yaffe K** and Boustani M. Benzodiazepines and risk of Alzheimer's disease. BMJ. 2014; 2349:g5312.

Edited Books

362. **Yaffe K**, ed. Chronic Medical Disease and Cognitive Aging: Toward a Healthy Body and Brain. USA: Oxford University Press; 2013.

Book Chapters

363. Papiernik E, **Yaffe K**, Bouyer J, Winisdorfer G, Colin D, Dreyfus J. Women's attitude change and the positive results of a preterm birth prevention program. In Papiernik, Breart, Spira (eds) Prevention of Preterm Birth. Paris: INSERM, 1986.

364. Colin D, Dreyfus J, Winisdorfer G, Guegen S, Bouyer J, **Yaffe K**, Papiernik E. An evaluation of the program for preterm birth prevention. In Papiernik, Breart, Spira (eds) Prevention of Preterm Birth. Paris: INSERM, 1986.

365. Elkin D and **Yaffe K**. Delirium and Dementia. In Elkin (ed) Introduction to Clinical Psychiatry: A Case-Based Approach. San Mateo, CA: Appleton-Lange, 1998.

366. **Yaffe K**, Elkin D, Gonzalez F, Vinogradov S. Psychiatric Aspects of HIV Infection. In Elkin (ed) Introduction to Clinical Psychiatry: A Case-Based Approach. San Mateo, CA: Appleton-Lange, 1998.

367. **Yaffe K.** Sex Hormones, Cognition and Dementia in the Elderly. In Morrison (ed) Hormones, Aging and Mental Health. Cambridge, UK: Cambridge University Press, 2000.

368. **Yaffe K**, Helmkamp C, Miller B. Alzheimer's Disease and Stress. In Fink (ed) Encyclopedia of Stress. New York, NY: Academic Press, 2000.

369. Sano M, Massoud F, **Yaffe K.** Estrogen in the Treatment of Alzheimer's Disease. In Qizilbash, N., Schneider L, Chui H (eds) Evidence -Based Dementia: A practical guide to diagnosis and management. Oxford, UK: Blackwell Sciences, 2001.

370. Mehta K and **Yaffe K**. Gene-environment Interactions in Cognitive Disorders. In D'haenen, Den Boer, Westenberg and Willner (eds) Textbook of Biological Psychiatry. London, UK: Wiley and Sons, 2002.

371. Lyons W and **Yaffe K**. Dementia. In Feldman and Christensen (eds) Behavioral Medicine in Primary Care, second edition. New York, NY: McGraw-Hill, 2003.

372. Sink K and **Yaffe K**. Cognitive Impairment and Dementia. In Landefeld, Palmer, Lyons, Johnston and Johnson (eds) Current Geriatric Diagnosis and Treatment. New York, NY: McGraw-Hill Companies, Inc., 2004.

373. Johnson J and **Yaffe K**. Alzheimer Disease and Women. In Kaplan (ed) Neurologic Diseases in Women, Second Edition. New York, NY: Demos Medical Publishing, Inc., 2005.

374. **Yaffe K**, Maki P, Schmidt P. What's after Estrogen? SERMs: A review of basic and clinical data on the effects of SERMs on cognition. In Ragson (ed) Estogen's Effects on Brain Function. What's Next? Baltimore, MD: Johns Hopkins University Press, 2006.

375. **Yaffe K**. Sex hormone receptor polymorphisms and cognitive impairment in older men and women. In HRT in Climacteric and Aging Brain. Lancaster, UK: Parthenon Publishing, 2007.

376. **Yaffe K** and Barnes D. Epidemiology and risk factors. In The Behavioral Neurology of Dementia. Cambridge, UK: Cambridge University Press, 2009.

377. Barton C and **Yaffe K**. Dementia. In Geriatrics Review Syllabus: A Core Curriculum in Geriatric Medicine, 7th ed. New York, NY: American Geriatrics Society, 2010.

378. Barnes D, Lopez O, **Yaffe K**. Dementia and Alzheimer's Disease. In Newman and Cauley (eds) The Epidemiology of Aging, Springer, 2012.

379. Middleton LE, **Yaffe K**, Barnes D. Physical Activity, Cognitive Impairment, and Dementia. In Ekkekakis (ed) Routledge Handbook of Physical Activity and Mental Health, Routledge, 2013.

380. Sink KM, **Yaffe K**. Cognitive Impairment & Dementia. In Landefeld, Williams, and Chang (eds) Current Geriatric Diagnosis and Treatment, 2nd edition. New York, NY: McGraw-Hill Companies, Inc., 2013.

381. Driscoll I, Espeland MA, **Yaffe K**. Cognitive Functioning in Aging Women. In Goldman, Troisi, Rexrode (eds) Women and Health, 2nd edition. San Diego, CA: Elsevier Inc, 2013.

382. Chodos A, Johnston B, **Yaffe K**. Dementia & Delirium. In Feldman and Christensen (eds) Behavioral Medicine: A Guide to Clinical Practice, 4th edition. New York, NY: McGraw-Hill Medical, 2014.